

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 FEB -5 PM 2:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000109237**

1. Corporation Name

**REDIS, INC.**

Principal Place of Business

1230 NE 139TH ST., #308  
N. MIAMI FL 33161

Mailing Address

1230 NE 139TH ST., #308  
N. MIAMI FL 33161

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/13/2001

5. FEI Number

01-0549421

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	SCHUEGARD, RENE	1230 NE 139TH ST., #308	N. MIAMI FL 33161

8. Name and Address of Current Registered Agent

SCHUEGARD, RENE  
1230 NE 139TH ST., #308  
N. MIAMI FL 33161

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**

Date

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Phones 947-9877 or 947-9892

**VICTOR REINER ASSOCIATES, INC.**  
1944 N.E. 163RD STREET  
NO. MIAMI BEACH, FLA. 33162

ACCOUNTING  
BOOKEEPING  
BUSINESS ADVISOR  
TAX RETURNS

PERSONALIZED ATTENTION

**VICTOR REINER**

MEMBER FLORIDA ASSOCIATION OF INDEPENDENT ACCOUNTANTS

Florida Dept of State Jan 30 2003

Corp Reinstatement Division

TO WHOM IT MAY CONCERN

Enclosed please find Application for  
REINSTATEMENT OF REDIS, INC ALONG  
WITH OUR CHECK FOR \$300 FOR ANNUAL  
REPORT for yrs 4130102 AND 4130103.

WE ARE FOLLOWING YOUR INSTRUCTIONS AND  
RESPECTFULLY REQUEST WAIVER OF ALL LATE  
FEES.

Please Acknowledge WITH A COPY OF  
YOUR RESPONSE TO MR. VICTOR REINER  
1944 N.E. 163 STREET NO. MIAMI BEACH FLA 33162  
SINCE I AM PROBABLY BE OUT OF THE COUNTRY  
MOST OF THE TIME

# State of Florida Department of State

## CERTIFICATE OF ADMINISTRATIVE DISSOLUTION OR REVOCATION

The below named corporation having failed to file its 2002 corporation annual report/uniform business report, in accordance with Florida Statutes, is hereby administratively dissolved or revoked effective October 4, 2002.

Corporation Name: REDIS, INC.

Document Number: P01000109237

Given under my hand and the  
Great Seal of the State of Florida,  
at Tallahassee, the Capital, this the  
4th day of October, 2002.



A handwritten signature in black ink, reading 'Jim Smith'.

Jim Smith  
Secretary of State