PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

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DOCUMENT # P01000114189

1. Corporation Name

ASTROTED, INC.

Principal Place of Business	Mailing Address
3715 SEGOVIA ST. APT 2 CORAL GABLES FL 33134	3715 SEGOVIA ST. APT 2 CORAL GABLES FL 33134

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: **12/03/2001**

5. FEI Number: 65-1157862 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	RAMIREZ, FELIPE	3715 SEGOVIA ST, APT 2	CORAL GABLES FL 33134

100009740881
12/30/02--01077--006 **150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
RAMIREZ, FELIPE T 3715 SEGOVIA ST, APT 2 CORAL GABLES FL 33134	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (8/02)

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
REGISTERED AGENT MUST SIGN

Date

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 #

December 27, 2002

In reply to:Astroted, Inc.

Mr. Jim Smith
Secretary of State
Florida Department of State
Division of Corporations
P.O.Box 6327
Tallahassee, Florida 32314-6327

Dear Mr. Smith,

SUBJECT:RENEWAL FEE

Enclosed find Money Order in the amount of $150.00 made to Florida Department of State Division of Corporations. I would appreciate your cosideration and approval in accepting the aforementioned in order to renew Astroted, Inc. as a Corporation legally organized and incorporated in the State of Florida.

Notwithstanding the above mentioned, It is my intention to explain to you that the undersigned never received the necessary information in the mail required to renew Astroted, Inc.

Sincerely,

Felipe Ramirez

3715 SEGOVIA ST. APT. 2
CORAL GABLES, FL 33134