

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

04 DEC 22 AM 8:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000005057

1. Corporation Name

REDLAND GUAVAS, INC.

25500 SW 157 AVENUE
25500 SW 157 AVENUE

2. Principal Office Address

25500 SW 157 AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

25500 SW 157 AVENUE

Suite, Apt. #, etc.

City & State

HOMESTEAD

City & State

FLORIDA

Zip

33031

Country

USA

Zip

33031

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

01/15/2002

5. FEI Number

01-0612161

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

JOHN P. MAAS, ESQ.

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

44 NE 16 STREET

Suite, Apt. #, Etc.

City

HOMESTEAD

State

FL

Zip Code

33030

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

John P. Maas

Date *12-16-04*

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	KANNIKAR BAKER	25500 SW 157 AVENUE	HOMESTEAD, FL 33031
D	SARNLEK MONGTALE	25500 SW 157 AVENUE	HOMESTEAD, FL 33031

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10. 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:

Kannikar Baker x President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/16/04 (786) 243-0551
Daytime Phone #

CR2E081 (01/04)