

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 SEP 30 AM 11:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000115154

1. Corporation Name

REDLAND ESTATES, INC.

200161182732
09/30/09--01035--015 **750.00

2. Principal Office Address - No P.O. Box #

2455 South Bayshore Drive

3. Mailing Office Address

3109 Grand Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

200161182732
09/30/09--01035--018 **8.75

City & State

Miami, FL

City & State

Miami, FL

Zip

33133

Country

US

Zip

33133-5103

Country

US

4. Date incorporated or Qualified To Do Business in Florida

10/25/2002

5. FEI Number
593762381

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
Rose B. Pujol

Street Address (P.O. Box Number is Not Acceptable)
3109 Grand Ave

Suite, Apt. #, Etc.
#479

City
Miami

State
FL

Zip Code
33133-5103

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 09 28 2009

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/P/T	Rose B. Pujol	3109 Grand Ave, #479	Miami, FL 33133
D/NP	Mark B. Riff	5050 US Highway 27 South	Seabring, 33870
D/S	Joe L. Pujol	782 NW Le Jeune Road, Suite 632	Miami, FL 33126

REINSTATEMENT 05-09

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/28/2009

Date

305-431-0336

Daytime Phone #