


2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED


09 AUG -3 AM 6:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000028007 1. Entity Name RETO-ONLINE, INC.	
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Principal Place of Business 765 CRANDON BOULEVARD 608 KEY BISCAIYNE, FL 33149	Mailing Address 765 CRANDON BOULEVARD 608 KEY BISCAIYNE, FL 33149
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2. Principal Place of Business - No P.O. Box # 5300 NW 77 CT Suite, Apt. #, etc. Suite 200 City & State Doral, FL Zip 33166 Country USA	3. Mailing Address 135 Kinnelon Road Suite, Apt. #, etc. Suite 203 City & State Kinnelon, NJ Zip 07405 Country USA	4. FEI Number 01-0773526 Applied For <input type="checkbox"/> Not Applicable
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07302009 REIN-P CR2E098 (1/07)

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SANTISO, JOSE
 765 CRANDON BOULEVARD
 608
 KEY BISCAIYNE, FL 33149

7. Name and Address of New Registered Agent

Name: Santiso, Jose
 Street Address (P.O. Box Number is Not Acceptable): 5300 NW 77 CT
 Suite 200
 City: Doral FL Zip Code: 33166

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Jose Santiso, CMD *[Signature]* DATE: 7/29/2009

Signature: Typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	CMD SANTISO, JOSE 765 CRANDON BOULEVARD KEY BISCAIYNE, FL 33149	TITLE NAME STREET ADDRESS CITY- ST- ZIP	CMD Santiso, Jose 135 Kinnelon Road, Suite 203 Kinnelon, NJ 07405
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P SANTISO, JOSEPH A 765 CRANDON BOULEVARD KEY BISCAIYNE, FL 33149	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with my address, with all other like empowered.

SIGNATURE: Jose Santiso *[Signature]* DATE: 7/28/2009 201-874-1304

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

