

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 OCT 26 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000078395

1. Corporation Name

REDRUELLO INVESTMENTS INC.

REINSTATEMENT 06-0

700162148797
10/26/09--01003--004 **600.00
CR2E081 (12/08)

2. Principal Office Address - No P.O. Box # 5401 COLLINS AVE		3. Mailing Office Address 5401 COLLINS AVE	
Suite, Apt. #, etc. #528		Suite, Apt. #, etc. #528	
City & State MIAMI BEACH FL		City & State MIAMI BEACH FL	
Zip 33140	Country US	Zip 33140	Country US

4. Date Incorporated or Qualified To Do Business in Florida 05/14/2004	
5. FEI Number 65-1226731	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name DANIEL A. REDRUELLO			
Street Address (P.O. Box Number is Not Acceptable) 5401 COLLINS AVE			
Suite, Apt. #, Etc. #528			
City MIAMI BEACH		State FL	Zip Code 33140

☒ 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

Date 10-23-2009

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
PD	DANIEL A. REDRUELLO	5401 COLLINS AVE - #528	MIAMI BEACH FL 33140

10/26

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

10-23-2009

Date

Daytime Phone #