

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1012

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 95000049042

1. Corporation Name
Ecdesis Corporation.

2. Principal Office Address
5417 N.W. 72nd Avenue
Suite, Apt. #, etc.

3. Mailing Office Address
5417 N.W. 72nd Avenue
Suite, Apt. #, etc.

City & State
Miami FL

City & State
Miami, FL

Zip
33166

Country
USA

Zip
33166

Country
USA

FILED

02 APR -8 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01-02 UBR

4. Date Incorporated or Qualified To Do Business in Florida 06-23-1995

5. FEI Number 650592500

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
Mauricio Martinez

Street Address (P.O. Box Number is Not Acceptable)
3300 NE 192 Street

Suite, Apt. #, Etc.
506


City
Aventura

State
FL

Zip Code
33180

500005492955-4
05/08/02 01017-017
***300.00 ***300.00

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 04-04-02

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
P/D	Mauricio Martinez	5417 Northwest 72nd Avenue	Miami, FL 33166

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:  Date 04-04-02 Daytime Phone # 305-889-3474

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/01)

Redesis Corporation
5417 NW 72nd Avenue
Miami, FL 33166
Tel (305) 889-3474
Fax(305) 889-3475

Redesis Corporation.

April 5, 2002


FLORIDA DEPARTMENT OF STATE
Reinstatement Department.

To Whom It May Concern:

As per our recent conversation and inquiry on Redesis Corporation, with FEI Number: 650592500.
We found the corporation to be inactive.

I did not receive the annual report documents and were return by the post office, for this reason I am
requesting to wave the reinstatement fee

Sincerely,


Mauricio Martinez
President Redesis Corporation

Closeouts & Liquidations. Best Prices Excellent service.