PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.





FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P95000049042**

1. Corporation Name

REDESIS CORPORATION

Principal Place of Business

Mailing Address

5417 N.W. 72ND AVE. MIAMI FL 33166 5417 N.W. 72ND AVE.

MIAMI FL 33166

FILED

03 OCT 17 PH 3: 48

SECRETARY OF STATE TALLAHASSEE, FLORIDA



						50 10/17	500023881435 1(1/17/0301030005 **150.00 \(\) 4. Date Incorporated or Qualified To Do Business in Florida 06/23/1995			
4230 NW 128 street					ing Office Address, If Applicable					
Suite, Apt.	#, etc.		Suite, Apt. #.	Suite, Apt. #, etc.			5. FEI Number			
City & State	° locka,	Ŧl.	City & State			-	5. FEI Number Applied For Not Applicable			
Zip 33054. Country US A.			Zip Country			6. \$8.75 Additional Fee required for a Certificate of Status				
7. Names	and Street Ad	dresses of Each Officer and	l/or Director (Flo	rida nonpro	fit corporations must list at	least 3 directors)				
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip			
PD	MARTINEZ, MAURICIO			5417 N.W. 72ND AVE.			MIAMI FL 33166			
						- <u></u>				
							TATEM	ENT		
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	8. Nam	e and Address of Current	Registered Age	ent		Name and Address of New Registered Agent				
MARTI	NEZ, MAUR	ICIO				Mauricia Montinez				
3300 N.E. 192 ST., #506					Street Address	Street Address (P.O. Box Number is Not Acceptable) 21085 UE 3y + Au # 406				
AVENTURA FL 33180					Suite, Apt. #, f		11, HO	<u> </u>		
		,			City Alen	func.		State Zip	33180.	
10. 1, being	appointed the	e registered agent of the ab	ove named corpo	oration, am	familiar with and accept the	obligations of Sec	tion 607.0505, F.S. o	r 617,0505, F.S.		

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date 10-13-03

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Norther presided 10-13-0

305-889-3474.

Daytime Phone #

CR2EU40 (7/03)



Redesis Corporation 4230 NW 128 Street MIAMI.FLORIDA 33054 TEL. (305) 889-3474 FAX. (305) 889-3475

REDESIS CORP

October 14, 2003

Dear Sir or Madam:

As per our recent inquiry, we are sending a check for the amount of \$150.00 for our reinstatement fee as well as our reinstatement form.

We did not receive our 2003 uniform business report form; we hope you consider waving penalties as ___ per our phone conversation.

Our new address is: 4230 NW 128 Street. Opa Locka FL 33054.

Tel: 305-889-3474

Sincerely.

Mauricio Martinez President

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