FILED
07 OCT -2 AM 5:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000083473

1. Corporation Name

RODSAN, INC.

REINSTATEMENT 06-07
CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address c/o J. Russell Esq.	
444 Brickell Ave		Akerman Senterfitt	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite # 51-274		One SE 3rd Ave, 25th FL	
City & State		City & State	
Miami, FL		Miami, FL	
Zip	Country	Zip	Country
33131	USA	33131	USA

4. Date Incorporated or Qualified To Do Business in Florida: 09/26/1997

5. FEI Number: 65-0798701 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CorpDirect Agents, Inc.

Street Address (P.O. Box Number is Not Acceptable): 515 East Park Avenue

Suite, Apt. #, Etc:

City: Tallahassee | State: FL | Zip Code: 32301

☑ 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: Katie Wrosch, Asst. Sec. Date: 10/1/07
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DPS	Thelma Altamirano	444 Brickell Ave. #51-274	Miami, FL 33131
DVP	Roberto Julian Altamirano	444 Brickell Ave. #51-274	Miami, FL 33131
D	Enrique Altamirano	444 Brickell Ave. #51-274	Miami, FL 33131

10. I certify that I am an officer or director of 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 incumbents 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] Julian Altamirano 10/1/2007 (305) 5135652
SIGNATURE AND TYPED OR PRINTED NAME OF EXECUTING OFFICER OR DIRECTOR — Date — Daytime Phone #

G. Mitchell OCT 2 2007

Florida Department of State

Division of Corporations
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To:
Division of Corporations
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From: Angelica M. Chiru
Account Name : AKERMAN SENTERFITT (MIAMI)
Account Number : 075471001363
Phone : (305)374-5600
Fax Number : (305)374-5095

CORPORATION REINSTATEMENT

RODSAN, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	~~$900.00~~

$150 (please credit balance as penalties do not apply) Thanks! 10/1/07

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