

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 JUN 23 AM 11:21

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P98000066072**

1. Corporation Name

Redi South Imp & Exp, Inc.

2. Principal Office Address

5581 Winston Park Blvd

Suite, Apt. #, etc.

No. 208

City & State

Coconut Creek, Fl.

Zip

33043

Country

3. Mailing Office Address

5581 Winston Park Blvd.

Suite, Apt. #, etc.

No. 208

City & State

Coconut Creek, Fl.

Zip

33043

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

07/27/98

5. FEI Number

05-0876330

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

Redivaldo Araujo Lira

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

5581 Winston Park Blvd

Suite, Apt. #, Etc.

208

City

Coconut Creek

State

FL

Zip Code

33043

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **06/14/00**

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	Redivaldo Araujo Lira	5581 Winston Park Blvd #208	Coconut Creek, Fl. 33073
S	Sergio Araujo Lira	5581 Winston Park Blvd #208	Coconut Creek, Fl. 33073

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/14/00
Date

305-682 0580
Daytime Phone #