H02000029558

APPROVED AND FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

02 FEB -4 PM 4:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000092266

1. Corporation Name
REDAN INTERNATIONAL INC.

REINSTATEMENT 2000-2002

2. Principal Office Address	3. Mailing Office Address
501 Brickell Key Drive	
Suite 400	
Miami, Fl	
Zip: 33131 / Country: USA	Zip: / Country:

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 65-0901963 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: NS Corporate Services Inc.

Street Address (P.O. Box Number is Not Acceptable): 501 Brickell Key Drive, Suite 400

Suite, Apt. #, Etc.:

City: Miami — State: FL — Zip Code: 33131

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 1/30/02

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
DPT	Margareth Rose de Oliveira Masch	501 Brickell Key Dr. Suite 400	Miami, FLoride 33131
DVPS	Francisco Luis de Oliveira, Jr.	501 Brickell Key Dr. Suite 400	Miami, Florida 33131

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 _____ 1/30/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

H02000029558

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H02000029558 2)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (305)672-0686
Fax Number : (305)672-9110

CORPORATION REINSTATEMENT

REDAN INTERNATIONAL, INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	$1,058.75

Account Number : 110432003053
Phone : (305)672-0686
Fax Number : (305)672-9110

CORPORATION REINSTATEMENT

REDAN INTERNATIONAL, INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	$1,058.75