PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 MAY 25 PM 12:06

DOCUMENT # P98000108457

1. Corporation Name
LA TE DA REDUX, INC.

2. Principal Office Address	3. Mailing Office Address
1125 DUVAL STREET	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Key West, FL	City & State
Zip: 33040 Country	Zip Country

REINSTATEMENT 00-01

4. Date Incorporated or Qualified To Do Business in Florida: 12/30/98

5. FEI Number: 65-0861832 ☐ 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: LUBA GORMAN

Street Address (P.O. Box Number is Not Acceptable): 1301 FLAGLER AVENUE

Suite, Apt. #, Etc.:

City: Key West State: FL Zip Code: 33040

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****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 X Luba Gorman Date X 5-22-01

REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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/D	MARVIN GORMAN	1301 FLAGLER AVE	KEY WEST, FL 33040
V/D	LUBA GORMAN	1301 FLAGLER AVE	KEY WEST, FL. 33040
S/T/D	MARK BODAUCK	1125 DUVAL STREET	KEY WEST, FL. 33040
			AD

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] 5/18/01 305-296-6706

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