PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
02 MAY 31 AM 7:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT
01/02

DOCUMENT # **P99000095261**

1. Corporation Name

R E S A 2000 CORPORATION

Principal Place of Business	Mailing Address
4385 NW 7 ST MIAMI FL 33126 US	4385 N.W.7TH STREET MIAMI FL 33126

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
8215 LAKE DRIVE	8215 LAKE DRIVE
Suite, Apt. #, etc.: # B-407	Suite, Apt. #, etc.: # B-407
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33166 Country: USA	Zip: 33166 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 10/28/1999

5. FEI Number: 65-0958977 — ☐ Applied For ☑ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ — $8.75 Additional Fee required for a Certificate of Status

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

000005766450--0
-06/14/02--01004--007
****758.75 ****758.75

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City/State/Zip
PD	LEDEZMA, FRANKLIN R	351 N.W. 82ND AVENUE APT 1114	MIAMI FL 33126
VD	REIS, RANDY N L (DELETE)	11751 S.W. 18TH ST APT 4	MIAMI FL 33175
GM	LEDEZMA, ANGEL R. (ADD)	8215 LAKE Dr Apt B-407	MIAMI, FL, 33166

15 / 61.25 AR
88.75 AR
000005766450--0
-06/14/02--01004--008
****[illegible] ****[illegible]
250.00 Adm
8.75 - Cert

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
~~LEDEZMA, FRANKLIN R~~ ~~4385 N.W.7TH STREET~~ ~~MIAMI FL 33126~~	Name: LEDEZMA, ANGEL R Street Address (P.O. Box Number is Not Acceptable): 8215 LAKE Dr Apt B-407 Suite, Apt. #, Etc.: Apt B-407 City: MIAMI State: FL Zip Code: 33166

CR2E040 (8/01)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED — Date: 04/19/02
REGISTERED AGENT MUST SIGN

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: ANGEL LEDEZMA SIGNATURE REQUIRED — 04/19/02 — 305-5134839
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #