


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 05 JUN 20 PM 4:01 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # J30766					
1. Corporation Name Rafelu Inc. <div style="text-align: right; margin-top: 10px;">W05-27506</div>					
2. Principal Office Address 1500 San Remo Avenue		3. Mailing Office Address 1500 San Remo Avenue		<div>100055380521 06/14/05--01018--023 **612.50</div> <div>100055380521 05/26/05--01070--001 **1037.50</div> <div>REINSTATEMENT 99.05</div> <div>4. Date incorporated or Qualified To Do Business in Florida</div> <div>5. FEI Number 65-0209265 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable</div> <div>6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status</div>	
Suite, Apt. #, etc. Suite 103		Suite, Apt. #, etc. Suite 103			
City & State Coral Gables, Fl.		City & State Coral Gables, Fl.			
Zip 33146	Country	Zip 33146	Country		
7. Name and Address of Current Registered Agent					
Name Pablo R. Bared, Esq., Bared and Associates, PA					
Street Address (P.O. Box Number is Not Acceptable) 1500 San Remo Avenue, Suite 103					
Suite, Apt. #, Etc.					
City Coral Gables,				State FL	Zip Code 33146
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 5/9/05	
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		
P	Rafael Romano	1500 San Remo Ave, Suite 103	Coral Gables, Fl. 33146		
S	Evā Moussali	1500 San Remo Ave, Suite 103	Coral Gables, Fl. 33146		
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: <i>R. Romano</i>		Rafael Romano President		305-666-6010	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

CR2E081 (01/05)