

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JUL 17 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000110466

1. Corporation Name

RA ENTERPRISES OF SOUTH FLORIDA, INC.

2. Principal Office Address - No P.O. Box #

4125 Cleveland Avenue K-13

3. Mailing Office Address

4125 Cleveland Avenue K-13

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FORT MYERS, FL

City & State

FORT MYERS, FL

Zip

33901

Country

USA

Zip

33901

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/14/01

5. FEI Number

65-1154024

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

ROBERT ABAD

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

704 NE 3rd AVENUE

Suite, Apt. #, Etc.

City

CAPE CORAL

State

FL

Zip Code

33909

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 6/10/08

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
D	ROBERT ABAD	704 NE 3rd Avenue	Cape Coral, FL33909
P	TERESA DIAZ	3540 E. 8th COURT	Hialeah, FL. 33013

100133089441
07/17/08--U1035--003 **450.00

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 contained in Chapter 119, 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

6/10/08

Date

(259)
278-0709

Daytime Phone #

REINSTATEMENT 06-08^{KS}
CR2E081 (12/07)