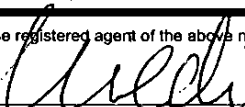
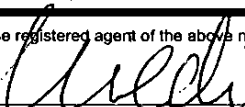
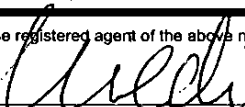
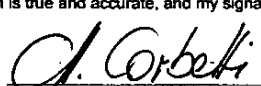
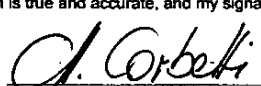
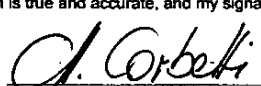


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS																												
DOCUMENT # P02000067549																														
1. Corporation Name RACOMA INC.																														
2. Principal Office Address 9835-16 LAKE WORTH RD. Suite, Apt. #, etc. # 329 City & State LAKE WORTH, FL Zip 33467 Country USA	3. Mailing Office Address 9835-16 LAKE WORTH RD. Suite, Apt. #, etc. # 329 City & State LAKE WORTH, FL Zip 33467 Country USA	FILED 05 FEB 10 PM 4:16 SECRETARY OF STATE TALLAHASSEE, FLORIDA 4. Date Incorporated or Qualified To Do Business in Florida 06/17/02 5. FEI Number None 52-2369129 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 <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="2" style="padding: 2px;">Name LEHTINEN VARGAS & RIEDI P.A.</td></tr><tr><td style="width: 60%; padding: 2px;">Street Address (P.O. Box Number is Not Acceptable) 7700 N. KENDALL DRIVE SUITE 303</td><td style="width: 40%; padding: 2px;">City / State / Zip MIAMI FL 33156</td></tr><tr><td colspan="2" style="padding: 2px;">Suite, Apt. #, Etc.</td></tr></table>			Name LEHTINEN VARGAS & RIEDI P.A.		Street Address (P.O. Box Number is Not Acceptable) 7700 N. KENDALL DRIVE SUITE 303	City / State / Zip MIAMI FL 33156	Suite, Apt. #, Etc.																							
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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. <table style="width: 100%;"><tr><td style="width: 60%;">Signature of Registered Agent </td><td style="width: 40%;">Date 2-7-05</td></tr><tr><td colspan="2" style="text-align: center;">REGISTERED AGENT MUST SIGN</td></tr></table>			Signature of Registered Agent 	Date 2-7-05	REGISTERED AGENT MUST SIGN																									
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9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 10%;">Titles</th><th style="width: 30%;">Name of Officers and/or Directors</th><th style="width: 30%;">Street Address of Each Officer and/or Director</th><th style="width: 30%;">City / State / Zip</th></tr></thead><tbody><tr><td style="text-align: center;">P</td><td>CORBETI MANUELA</td><td>8466 YORKE RD.</td><td>WELLINGTON, FL 33414</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>			Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	P	CORBETI MANUELA	8466 YORKE RD.	WELLINGTON, FL 33414																				
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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. <table style="width: 100%;"><tr><td style="width: 40%;">SIGNATURE:  CORBETI MANUELA</td><td style="width: 20%;">Date 02/04/05</td><td style="width: 40%;">Daytime Phone # 561 641 7275</td></tr><tr><td colspan="3" style="text-align: center;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</td></tr></table>			SIGNATURE:  CORBETI MANUELA	Date 02/04/05	Daytime Phone # 561 641 7275	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																								
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