

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 15 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000098669**

1. Corporation Name

RAMPY'S PROMOTIONS, INC.

Principal Place of Business

Mailing Address

1020 SW 85TH TERR.
PEMBROKE PINES FL 33025

1020 SW 85TH TERR.
PEMBROKE PINES FL 33025



REINSTATEMENT 03

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

4. Date Incorporated or Qualified To Do Business in Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09/11/2002

City & State

City & State

5. FEI Number

Applied For

Zip

Country

Zip

Country

55-0795986

Not Applicable

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)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSTD	RAMPRASAD, LALA R	1020 SW 85TH TERR.	PEMBROKE PINES FL 33025

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

Name
LALA R. RAMPRASAD
Street Address (P.O. Box Number is Not Acceptable)
1020 S.W 85 TERRACE
Suite, Apt. #, Etc.
PEMBROKE PINES
City
State **FL** Zip Code **33025**

CR2E040 (7/03)

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. or 617.0505, F.S.

Signature of Registered Agent

Lala R. Ramprasad
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **12-9-03**

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: *Lala R. Ramprasad* **LALA R. RAMPRASAD** **12-9-03** **(954)431-2885**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**Rampy's Promotions, Inc.
C/O Lala Ramprasad
1020 SW 85th Terrace
Pembroke Pines, FL 33025**

Tuesday, December 09, 2003

Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

Re: Document # P02000098669
FEI 55-0795986

To Whom it May Concern:

Enclosed is a reinstatement form and we once again request abatement of the penalty.

The business is operated from my home which is the address I use. I have been consistently having a problem receiving mail addressed to my home in the name of the business. Much of my mail is being delivered to another resident. I cannot ever remember receiving the report until October.

I have changed my mailing address to include my name and hopefully end this problem.

In light of the above, I would appreciate, if you can abate the penalty and reinstate the corporation.

Sincerely,



Lala Ramprasad