

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Val

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR 24 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000016451

1. Corporation Name

Ratter Inc

2. Principal Office Address

7790 NW 44 St

Suite, Apt. #, etc.

City & State

Sunrise FL

Zip

33351

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

1998

5. FEI Number

65-0890082

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$875 Additional Fee required for a Certificate of Status

2/24/03 01057 005-308

7. Name and Address of Current Registered Agent

Name

T DeMartino

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

7331 W Atlantic Ave

Suite, Apt. #, Etc.

Delray Beach

State

FL

Zip Code

33446

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

3-19-03

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
<i>D/P Sec</i>	<i>Theodora De Martino</i>	<i>7331 W Atlantic Ave</i>	<i>Delray Beh FL 33446</i>
<i>D/P</i>	<i>Patricia Caropelo</i>	<i>10062 Stonchenge Cir</i>	<i>Boynton Beh FL 33437</i>
<i>D/T</i>	<i>Leona Purchio</i>	<i>740 W Boynton Beh Bl.</i>	<i>Boynton Beh FL 33437</i>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

3-19-03

Date

954 727 2919

Daytime Phone #

CR2E081 (10/02)

2-15-03

Zate

Pattu Inc
DBA Bulk Place
7790 NW 44 St
Sunrise, FL 33351

Enclosed is the completed
Corporation Reinstatement form.
We did not receive this form last
year. Also is a check for
last year 2002, and 2003

Thank You.
Patricia Caropelo