2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000123264

1. Entity Name
RAYMOND'S SERVICES, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JAN 25 PM 1:25

Principal Place of Business:	Mailing Address:
~~4615 NW 72ND AVENUE #104 MIAMI, FL 33166~~	~~4615 NW 72ND AVENUE #104 MIAMI FL 33166~~

01242008 REIN-P CR2E098 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
6446 SW 8 Street	6446 S.W. 8 Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Florida	City & State: Miami Florida
Zip: 33144 Country: U.S.A.	Zip: 33144 Country: U.S.A.

4. FEI Number: ~~20-5179886~~ Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~MORENO, RAMON~~ ~~4615 NW 72ND AVENUE~~ ~~#104~~ ~~MIAMI, FL 33166~~	Name: HERIBERTO A. DIAZQUINTANAL Street Address (P.O. Box Number is Not Acceptable): 6446 S.W. 8 Street City: Miami FL Zip Code: 33144

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: x Yblintanal 1/24/2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Date

FILE NOW!!! FEE IS $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD MORENO, RAMON ~~4615 NW 72ND AVENUE~~ ~~MIAMI, FL 33166~~ ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIAZQUINTANAL, HERIBERTO A. ☐ Change ☐ Addition 6446 S.W. 8 Street Miami, Florida 33144
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPST ☒ Change ☐ Addition 000116458270 01/30/08--01032--020 **300.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition B 1/25/08
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINS... 67-08 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: x Yblintanal 1/24/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Daytime Phone #)