

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # 311875

1. Corporation Name

T. RAMA CORPORATION

Principal Place of Business

Mailing Address

29301 KINGMAN ROAD  
LEISURE CITY FL 33033

29301 KINGMAN ROAD  
LEISURE CITY FL 33033

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

95

4. Date Incorporated or Qualified  
To Do Business in Florida

12/14/1966

5. FEI Number

50-1225525

Applied For

Not Applicable

6. 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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSTD	TUCKER, ROBERT C	29301 KINGMAN ROAD	LEISURE CITY FL 33033
			800003035388--4
			-11/04/99--01079--005
			****750.00 ****750.00

HA 1/2

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TERMINELLO, ESQ., LOUIS J  
2700 SW 37 AVE  
MIAMI FL 33133

Name RICHARD B. DYLES, ESQ.  
Street Address (P.O. Box Number is Not Acceptable)  
20343 OLD CUTLER RD.  
Suite, Apt. # Etc.  
MIAMI, FL  
City  
State FL  
Zip Code 33189

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.

Signature of  
Registered Agent

RICHARD B. DYLES  
REGISTERED AGENT MUST SIGN

Date

10/1/99

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:

Robert Tucker  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/1/99

Daytime Phone #

CP25040 (8/99)