

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

02 MAY 16 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 311875

1. Corporation Name

T. RAMA CORPORATION

2. Principal Office Address

29301 Kingman Road

Suite, Apt. #, etc.

City & State

Leisure City, FL

Zip

33033

Country

USA

3. Mailing Office Address

17750 SW 248 Street

Suite, Apt. #, etc.

City & State

Homestead, FL

Zip

33031

Country

USA

REINSTATEMENT 00-02

4. Date Incorporated or Qualified
To Do Business in Florida

12/14/1966

5. FEI Number

591225525

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

Name

THOMAS A. VELLANTI

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

17750 SW 248 Street

Suite, Apt. #, Etc.

City

Homestead

State

FL

Zip Code

33031

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

Thomas A. Vellanti

REGISTERED AGENT MUST SIGN

Date 04/26/02

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
PSTD	THOMAS A. VELLANTI	17750 SW 248 Street	Homestead, Fl 33031

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:

Thomas A. Vellanti

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/02

Date

(305) 247-6623

Daytime Phone #

CR2E081 (9/01)

ns 5/24/02