

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR -1 PM 4:17

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, Florida

Zip

33033

Country

USA

3. Mailing Office Address

17750 S.W. 248 Street

Suite, Apt. #, etc.

City & State

Homestead, Florida

Zip

33031

Country

USA

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

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04/02/04--01054--001 **141.25

REINSTATEMENT

03-04

7. Name and Address of Current Registered Agent

Name

Thomas A. Vellanti

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

17750 S.W. 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

3/4/04

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
PTSD	Thomas A. Vellanti	17750 S.W. 248 Street	Homestead, Florida 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

3/4/04

Date

305-247-6623

Daytime Phone #

CR2E081 (10/02)