

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 02 MAR 21 PM 3:01	
DOCUMENT # 684314					
1. Corporation Name RAM DIVERSIFIED INC.					
2. Principal Office Address 11929 NW 53 CT. Suite, Apt. #, etc.		3. Mailing Office Address 11929 NW 53 CT. Suite, Apt. #, etc.		01-26-61 90020 001 \$150.00	
City & State CORAL SPRINGS, FL Zip 33076 Country		City & State CORAL SPRINGS, FL Zip 33076 Country		4. Date Incorporated or Qualified To Do Business in Florida 7/28/80	
5. FEI Number 59-2014833				Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name MICHAEL A. ROBERTS		800005193638--5			
Street Address (P.O. Box Number is Not Acceptable) 11929 NW 53 CT.		-04/05/02--01006--029 ***150.00 ***50.00			
Suite, Apt. #, Etc.					
City CORAL SPRINGS		State FL		Zip Code 33076	
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]		Date 3-20-02			
REGISTERED AGENT MUST SIGN					
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	
PD	MICHAEL A. ROBERTS	11929 NW 53 CT.		CORAL SPRINGS, FL 33076	
VP	MARK S. ROBERTS	10143 RAMBLEWOOD DR.		CORAL SPRINGS, FL 33071	
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]		3/20/02		954.7539280	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

C:\210181 (3/01)

# STEVEN Z. OBERMAN

*and Associates, Inc.*

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March 14, 2002

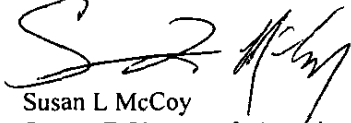
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Corporation Reinstatement  
Ram Diversified Inc  
Federal ID #59-2014833

Enclosed is the Corporation Reinstatement form for Ram Diversified Inc. Your office administratively dissolved the corporation September 21, 2001, for not filing the 2001 Uniform Business Report. This report was filed in January 2001. A copy of the cancelled check, which your office deposited on January 25, 2001, is enclosed. We did not receive any delinquency notices from your office and only found out about the dissolution this week. Since the 2001 Report was filed timely, we request that you wave all late payment penalties. Also enclosed is a check for \$150 as payment for the 2002 Uniform Business Report.

If you have any questions, please contact our office at (954) 722-7072.

Sincerely



Susan L McCoy  
Steven Z Oberman & Associates Inc  
Accountants for Ram Diversified Inc