

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR 96-97
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 APR 21 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J30766

1. Corporation Name
RAFELU, INC.

Principal Place of Business Mailing Address
c/o Sheldon Evans, P.A.
6175 N.W. 153rd. Street
Suite 215
Miami Lakes, Fl 33014

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200002158902--8
-04/24/97--01094--003
*****915.00 *****915.00

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		8/28/86	
City & State		City & State		5. FEI Number	
Zip		Country		65-0209265	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	Romano, Rafael	6175 N.W. 153rd. St, Suite 215	Miami Lakes, Fl 33014
AS	Evans, Sheldon	6175 N.W. 153rd. St., Suite 215	Miami Lakes, Fl 33014

REINSTATEMENT 96-97
A. Evans
4/24/97

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Sheldon Evans, P.A. 6175 N.W. 153rd. Street Suite 215 Miami Lakes, Fl 33014		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL Zip Code

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: Sheldon Evans, P.A. Date: 3/24/97
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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: Sheldon Evans, Secretary Date: 3/14/97 (305) 557-6060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: SHELDON EVANS, SECRETARY Date: Daytime Phone #

CR2E040 (1/2/96)