

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**"FILED"**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 FEB 28 AM 8:52

DOCUMENT # L0400000 1416

1. Limited Liability Company's Name

RAM Services LLC.

2. Principal Office Address

830-25th St. SW.

Suite, Apt. #, etc.

SAME

City & State

Vero Beach, FL.

Zip

32962-8130

Country

USA.

3. Mailing Office Address

830-25th St. S.W.

Suite, Apt. #, etc.

830-25th St SW

City & State

Vero Beach, FL.

Zip

32962-8130

Country

USA.

4. State/Country of Formation

FL. USA.

5. Date Organized or Qualified  
To Do Business in Florida

12/30/2003

6. FEI Number

61-1466157

Applied For

Not Applicable

7.

CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Ramcharan Singh.

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

830-25th St. S.W.

Suite, Apt. #, Etc.

SAME

City

Vero Beach, Florida

State

FL

Zip Code

32962-8130

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

Ramcharan Singh

REGISTERED AGENT MUST SIGN

Date

02/23/05

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Ramcharan Singh.	830-25th St SW.	Vero Beach, FL 32962

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of  
Managing Member/Manager

Ramcharan Singh

Date

02/23/05

Daytime Phone #

772-567-4140

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)