

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR 29 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # - M10159

1. Corporation Name

RAMIR ENTERPRISES CORPORATION.

W97000019974

2. Principal Office Address

1220 Nightingale Ave.

3. Mailing Office Address

REINSTATEMENT

9803

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami Springs, FL.

Zip

Country

Zip

Country

33166

US

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

59-2484240

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$375 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

LIGIA M. RAMIREZ

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

1220 Nighthingale Avenue

Suite, Apt. #, Etc.

600019329816

05/20/03--01052--008 **1500.00

City

Miami Springs,

State
FL

Zip Code
33166

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

Ligia Maria Ramirez
REGISTERED AGENT MUST SIGN

Date 04/28/2003

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
Pres	Luis A Ramirez	1220 Nightingale Ave.	Miami Springs Fl. 33166
Sec	Ligia M. Ramirez	1220 Nightingale Ave.	Miami Springs FL 33166
Treas	Luis M. Ramirez	1220 Nightingale Ave.	Miami Springs Fl 33166
Vice/Pre	Christian M. Ramirez	1220 Nightingale Ave.	Miami, Springs Fl. 33166
Vice/Pre	Steven A. Ramirez	1220 Nightingale Ave.	Miami, Springs Fl. 33166

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:

Ligia Maria Ramirez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/2003
Date

Daytime Phone #

CR2E081 (10/02)