PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS**

M92112 DOCUMENT #

1. Corporation Name

Principal Place of Business

RAMLIB CORPORATION

Mailing Address

1221 BRICKELL AVE % GREENBERG PRAURIG MIAMI EL 33131

1221 BRICKELL AVE % GREENBERG, TRAURIG

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00]	
If above addresses are incorrect in any way, line through incorrect			
2. New Principal Office Address, If Applicable 501 By CKELL CV DY IVE 501 By CKELL CV DY IVE Suite, Apt. #, etc. Suite, Apt. #, etc.		Date Incorporated or Qualified To Do Business in Florida 07/29/1988	
City & State City & State	ite 504	5: FEI Number 52-1518813	Applied For Not Applicable
Zip Country Zip 33	131 Country		75 Additional Fee require or a Certificate of Status
7. Names and Street Addresses of Each Officer and/or Director (FI	lorida nonprofit corporations must list at lea	ast 3 directors)	
Title(s) Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director		ate / Zip
DPS BIDONDO, JULIO CESAR	4704 UNIVERSITY DR	CORAL GABLES FL 33	146
		200004014	9120
	1 (1) 1 (1)	-U4/18/U1 ****900.00	
	DEMISTITEME	NT OO ON TO	
8. Name and Address of Current Registered Ag	jent State S	9. Name and Address of New Registered	Agent
HOWE, OSMOND 501 BRICKELL KEY DRIVE STE. 504	Name West Street Address (P 501 B r Suite, Apt. #, Etc.	O Box Number is Not Acceptable)	
MIAMI FL 33131	Sorte	504 State	Zip Code
10. I, being appointed the registron agent of the above named corp. Signature of Registered Agent	poration, am familiar with and accept the observation of the construction of the const	Date	10/

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #