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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 27 PM 5:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03

DOCUMENT # N00000002992

1. Corporation Name
RAQFAM FOUNDATION, INC.

2. Principal Office Address	3. Mailing Office Address
18334 NW 68 AVE	18334 NW 68 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
A-34	A-34
City & State	City & State
MIAMI LAKES FL	MIAMI LAKES FL
Zip / Country	Zip / Country
33015 USA	33017 USA

4. Date Incorporated or Qualified To Do Business in Florida: 05/04/2000

5. FEI Number: 65-1028534 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: IRWING SANCHEZ

Street Address (P.O. Box Number is Not Acceptable): 18334 NW 68 AVE

Suite, Apt. #, Etc.: A-34

City: MIAMI LAKES | State: FL | Zip Code: 33015

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: _____ Date: 10/22/03
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	IRWING SANCHEZ	18334 NW 68 AVE A-34	MIAMI LAKES FL 33015
TD	ADALBERTO SANCHEZ	18334 NW 68 AVE A-34	MIAMI LAKES FL 33015
D	BIELENA MARTINEZ	18334 NW 68 AVE A-34	MIAMI LAKES FL 33015

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: _____ Irving Sanchez 10-22-03 (305)231-0991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

H03000304604 3

Florida Department of State

Division of Corporations

Public Access System

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Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

RAQFAM FOUNDATION, INC.

Certificate of Status	0
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