PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 OCT -6 AM 8:00

DOCUMENT # P00000006878

1. Corporation Name
RALEVI CORP
6890 W. ATLANTIC BVRD
MARGATE FL. 33063

600023559926
10/06/03--01009--003 **758.75

REINSTATEMENT 03

2. Principal Office Address	3. Mailing Office Address
13595-89PL N.	13595-89PL N.
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: WEST PALM BCH. FL.	City & State: WEST PALM BCH FL.
Zip: 33412 Country: USA.	Zip: 33412 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business In Florida: JAN/21/2000

5. FEI Number: Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☑ $5.00 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: ALINA D. VILLARREAL.
Street Address (P.O. Box Number is Not Acceptable): 13595-89 PL N.
Suite, Apt. #, Etc.:
City: WEST PALM BCH State: FL Zip Code: 33412

MRD

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: [signature] REGISTERED AGENT MUST SIGN Date: 10/01/03

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
P/T/D	RAFAEL VILLARREAL	13595-89PL.N.	WEST PALM BCH. FL 33412

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: [signature] RAFAEL VILLARREAL 10/01/003 954-979-1121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #