

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 SEP 17 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000017739

1. Corporation Name

RAJ ACADEMY INC.

8/24/04 01019 011 8.75
8/24/04 01019 010 450.00
08/24/04 01019 009 750.00

2. Principal Office Address

624 Washington Ave
Suite, Apt. #, etc.

3. Mailing Office Address

624 Washington Ave
Suite, Apt. #, etc.

City & State

Homestead FL

Zip Country

33035 US

City & State

Homestead FL

Zip Country

33035 US

4. Date Incorporated or Qualified
To Do Business in Florida

Feb-18-2000

5. FEI Number

651001848

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

Alfreda Hernandez

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

2731 S.E. 12th Ave

Suite, Apt. #, Etc.

Apt 203

City

Homestead FL

State

FL

Zip Code

33035

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

Alfreda Hernandez

REGISTERED AGENT MUST SIGN

Date Sept. 15, 2004

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
President Director	Alfreda Hernandez	2731 S.E. 12 th place	Homestead FL 33035

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:

Alfreda Hernandez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sept. 15, 2004

Date

Daytime Phone #

786-243-1700

CR2E081 (9/00)