PLEASE READ ALL INSTRUCTIONS REFORE COMPLETING THIS FORM

4. Date Incorporated or Qualified To Do Business in Florida Y & State Name and Address of Current Registered Agent	TELAGE READ ALE INSTRUCTIONS BET SIZE COMM ELTING THIS I SKIM			
Corporation Name RAMSEY BUILDING Corporation Principal Office Address 3333 White Blud. 3332 White Blud. Be, Apt. #, etc. Suite, Apt. #, etc. 4. Date Incorporated or Qualified To Do Business in Florida To Do Business in Florida Principal Office Address 3333 White Blud. Suite, Apt. #, etc. 4. Date Incorporated or Qualified To Do Business in Florida To Do Business in Florida Principal Office Address Suite, Apt. #, etc. 5. FEI Number #59-3639643 Applied For Not Applicable FL Suite, Apt. # Elo. 7. Name and Address of Current Registered Agent Name Benjamin S Romsey Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. ******750.00 ******750.00	THE WALL FRENCH	Katherine Harris Secretary of State		
Principal Office Address 3330 White Blud. 3330 White Blud. 3330 White Blud. Suite, Apt. #, etc. 4. Date Incorporated or Qualified To Do Business in Florida U-7-00 y & State Name Country Support Country To Name and Address of Current Registered Agent Name Benjamin Ramsey Street Address (P.O. Box Number is Not Acceptable) 3330 White Blud. Suite, Apt. #, Etc. 3. Mailing Office Address Address Address Applied For Not Applied For Not Applied For Applied For Certificate of Status Desired Gertificate of Status Desired To Do Business in Florida Applied For Not Applied For Not Applied For Not Applied For Not Applied For Appl	Corporation Name	•	and it will 13	
1. Date Incorporated or Qualified To Do Business in Florida 2. Date Incorporated or Qualified To Do Business in Florida T	MANUE COLON	,C 20, p = (1,1),0 / 1		
4. Date Incorporated or Qualified To Do Business in Florida Applied For Maples FL Country Zip Country To Do Business in Florida S. FEI Number # 59-3639643 Not Applicable Certificate of Status DESIRED Seriam in Seriam	3332 White Blud.	3332 White Blod.	REINSTATEMENT OF	
State City & State City & State Country State Country State Sta	ιιο, Λμι. κ , σιο.	Guite, Apr. 17, etc.		
Street Address (P.O. Box Number is Not Acceptable) Street, Apt. #, Etc. Suite, Apt. #, Etc. Certificate Of Status Certificate Of Status Street Address (P.O. Box Number is Not Acceptable) -10/23/0101024035 *****750.00 *****750.00	Naples, FL	Naples FL	5. FEI Number Applied For	
7. Name and Address of Current Registered Agent Name Benjamin S Ransey Street Address (P.O. Box Number is Not Acceptable) 33332 White Blod. Suite, Apt. #, Etc. *****750.00 *****750.00	* · · · · · · · · · · · · · · · · · · ·	'	6. \$8.75 Additional Fee required	
Benjamin S Ransey Street Address (P.O. Box Number is Not Acceptable) 3332 White Blud. -10/23/0101024005 ****750.00 *****750.00				
Street Address (P.O. Box Number is Not Acceptable) 3332 White Blod. Suite, Apt. #, Etc. Street Address (P.O. Box Number is Not Acceptable) -10/23/010102405 ****750.00 *****790.00				
Suite, Apt. #, Etc. *****750_00 *****750_00	Street Address (P.O. Box Number is Not Acceptable)			
City . State Zip Code				
Naples FL 34117	City Naples		State Zip Code FL 34117	
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.	V		bligations of section 607.0505 or 617.0503, F.S.	
gristered Agent Date 10-10-01 REGISTERED AGENT MUST SIGN				
Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)				
Titles Name of Street Address of Each Officers and/or Directors Officer and/or Director City / State / Zip				
Pres. Ben Ramsey 3332 white Blod. Naples FL 34117	Pres. Ben Ramsey	3332 white B	led. Naples FL 34117	
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X210/18			1210/18	
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1. 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 filling 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	this reinstatement application, the reason for diss	solution has been eliminated, the corporate name satisfies	s the requirements of section 607.0401 or 617.0401, F.S., that all fees	

SIGNATURE:

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.