

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

03 FEB 13 AM 10:33

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P000000049735

1. Corporation Name

Ryan-FRANKEL Companies, Inc.

2. Principal Office Address

777 NW 155th Lane

3. Mailing Office Address

777 NW 155th Lane

Suite, Apt. #, etc.

905

Suite, Apt. #, etc.

905

City & State

Miami FL

City & State

Miami FL

Zip

33169

Country

USA

Zip

33169

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

05-17-00

5. FEI Number

Applied For (checked) NOT Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 01-03

7. Name and Address of Current Registered Agent

Name

Yousef Ismail Qarqa

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

777 NW 155th Lane

Suite, Apt. #, Etc.

905

City

Miami

State

FL

Zip Code

33169

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

Yousef Ismail Qarqa

REGISTERED AGENT MUST SIGN

Date

2/1/03

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	Yousef Ismail Qarqa	777 NW 155th Lane	Miami FL 33169

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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:

Yousef Ismail Qarqa

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/1/03

Daytime Phone #

(786) 700-5621

CR2E081 (10/02)

2/2/13