

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC 26 PM 4:34

DOCUMENT # P00000060536

1. Corporation Name

RAFEL & ASSOCIATES

2. Principal Office Address

2530 MICHIGAN AVENUE SUITE A

Suite, Apt. #, etc. A

City & State

KISSIMEE, FLORIDA

Zip

34744

Country
USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

**4. Date Incorporated or Qualified
To Do Business in Florida**

06 /09/00

5. FEI Number

59 3710607

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

RAMON ARISTIZABAL

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

13827 HAWK LAKE DRIVE

Suite, Apt. #, Etc.

City

ORLANDO

State
FL

Zip Code
32837

800004765588-3

01/10/02 01078 017

****700.00 ****700.00

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**

Ramon Aristizabal

REGISTERED AGENT MUST SIGN

Date 10/16/01

800004765588-3

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

01/10/02 01078 017

****58.75 ****58.75

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|------------------------|
| P | RAMON ARISTIZABAL | 13827 HAWK LAKE DRIVE | ORLANDO, FLORIDA 32837 |
| S | ELKIN YEPES | 13827 HAWK LAKE DRIVE | ORLANDO, FLORIDA 32837 |
| T | FERNANDO ARISTIZABAL | 13827 HAWK LAKE DRIVE | ORLANDO, FLORIDA 32837 |
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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:

Ramon Aristizabal

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/01 407 343 5539

Date

Daytime Phone #

CR2E081 (9/00)