

1032

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL -6 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-04
MRD

DOCUMENT # **P00000107891**

1. Corporation Name

Ralph and Cassandra Corp

2. Principal Office Address

1487 W.W. 54th St

Suite, Apt. #, etc.

Shop

City & State

Mia. Fla.

Zip

33142

Country

Dade

3. Mailing Office Address

1487 W.W. 54th St

Suite, Apt. #, etc.

Shop

City & State

Mia. Fla.

Zip

33142

Country

Dade

4. Date Incorporated or Qualified
To Do Business in Florida

11/20/2000

5. FEI Number

65-1057740

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

Ralph Pressley

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

1487 W.W. 54th St

Suite, Apt. #, Etc.

Building

City

Miami

State

FL

Zip Code

33142

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

Ralph Pressley
REGISTERED AGENT MUST SIGN

Date

7/2/04

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	Ralph Pressley	1487 W.W. 54th St	Miami Fla. 33142

900039085079

07/14/04--01005--020 **450.00

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)(l), 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:

Ralph Pressley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/2/04

Daytime Phone #

786-236-7516

CR2001 (01/04)

282

July 2, 2004

Ralph A Pressley
1457 NW 54th St
Miami, Fl 33142

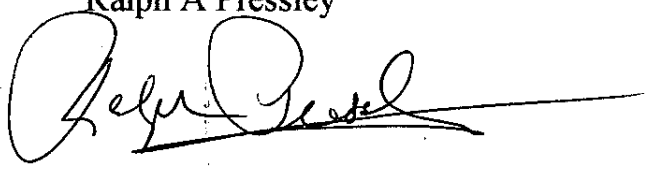
Ref: Ralph & Cassandra Corp
#65-1057740

Attn: Ms. Ruby

This letter is to advise that I did not receive my 2002 and 2003 annual report for my Corporation.

Sincerely,

Ralph A Pressley

A handwritten signature in black ink, appearing to read 'Ralph A Pressley', with a long horizontal line extending to the right.