


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000115201	
1. Entity Name RAMOS GROCERY, INC.	

FILED
08 AUG -1 PM 2:31
CLERK OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 105 442 N MAIN STREET LAKE PLACID, FL 33852	Mailing Address 105 442 N MAIN STREET LAKE PLACID, FL 33852
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2. Principal Place of Business - No P.O. Box # 201 Dal Hall Blvd.	3. Mailing Address 201 Dal Hall Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.



City & State Lake Placid, FL	City & State Lake Placid, FL	4. FEI Number 65-1064836	Applied For <input type="checkbox"/> Not Applicable
Zip 33852	Country USA	Zip 33852	Country USA

6. Name and Address of Current Registered Agent RAMOS, ALICIA 201 DAL HALL BLVD LAKE PLACID, FL 33852	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$900.00	
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Alicia Ramos 07/31/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #