


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000016727		
1. Entity Name THE RYAN ALAN CORPORATION		

Principal Place of Business 1541 BRICKELL AVENUE UNIT 2605 MIAMI, FL 33129	Mailing Address 1541 BRICKELL AVENUE UNIT 2605 MIAMI, FL 33129
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2. Principal Place of Business 247 S.W. 8th St. Suite, Apt. #, etc. # 348 City & State Miami, FL Zip 33130-3529 Country USA	3. Mailing Address 900 Park Ave. Suite, Apt. #, etc. # 21 D City & State New York, NY Zip 10021 Country USA
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FILED
05 APR 11 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04082005 REIN-P CR2E098 (6/04)

6. Name and Address of Current Registered Agent O'NAGHTEN, JUAN T 2665 SOUTH BAYSHORE DRIVE SUITE 200 MIAMI, FL	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASHER, JAMES 1541 BRICKELL AVENUE UNIT 2605 MIAMI, FL 33129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P James ASHER 900 Park Ave. #21 D NY NY 10021 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000051258100 04/19/05--01088--008 **300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: James G. Asher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/05

Date Daytime Phone #

4/8/05

Dear Sirs:

Enclosed please find Reinstatement form for
The Ryan Alan Corp., document#: 101000016727.

Kindly note there is a change of Principal Place
of Business as well as a change of mailing address.

Last year was the first time I attempted to file
online. I sincerely felt I did it properly yet
I ~~now~~ realize I did not complete the procedure.

I am attaching a copy of the 2 printed pages
with last year's date highlighted. It was an
honest mistake.

I humbly request you waive all late fees,
penalties, etc. As you can see, I have
included a check for years 2004 and 2005.

Thank you for your Consideration in this
important matter.

Respectfully,

James Ashen

Pres. Ryan Alan Corporation