

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 14 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000027283

1. Corporation Name

RANUN CORP

2. Principal Office Address

501 N STATE RD 7

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

PLANTATION, FL

City & State

Zip

Country

33317-2127

BROWARD

Zip

Country

4. Date Incorporated or Qualified

To Do Business in Florida 03/12/2001

5. FEI Number

65-1086634

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

RAFAEL A NUNEZ

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

501 N STATE RD 7

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33317-2127

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**

Rafael A Nunez

Date

REGISTERED AGENT MUST SIGN

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
DIR/PRI	RAFAEL A NUNEZ	501 N STATE RD 7	PLANTATION, FL 33317-2127

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:

RAFAEL A NUNEZ *Rafael A Nunez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

REINSTATEMENT 02-03

JACOB KALMOWICZ, CPA



2500 HOLLYWOOD BLVD. STE 406
HOLLYWOOD, FL 33020

Phone 954-925-4060
Fax 954-927-4284

October 8, 2003

Department of State
Division of Corporation
PO BOX 6327
Tallahassee, FL 32314

RE: Ranun Corp.
P01000027283

We are requesting a waiver of the reinstatement fees. The renewal document was mailed to the old address and was not forwarded by the new tenant. Thank you for any help with this matter.

Jacob Kalmowicz, CPA