

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

DOCUMENT # P01000030460

03 JAN -9 PM 3:47

1. Corporation Name

RAMIS ENTERPRISES INC.

SECRETARY OF STATE

TALLAHASSEE 000008787280

01/09/03--01062--008 **750.00

Principal Place of Business

Mailing Address

1120 SW 131ST PL
MIAMI FL 33184

1120 SW 131ST PL
MIAMI FL 33184



REINSTATEMENT

03-03

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

13850 SW 18 ST

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

13850 SW 18 ST

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

03/26/2001

5. FEI Number

☒ Applied For

☐ Not Applicable

City & State
Miami FL

City & State
Miami FL

Zip

33175

Country

EEUU

Zip

3375

Country

EEUU

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	New 3 Address Street Address of Each Officer and/or Director	City / State / Zip
PD	RAMIS, JORGE E	1120 SW 131ST PL 13850 SW 18 ST Miami, FL 33175	MIAMI FL 33184 M. FL 33175
VPD	RAMIS, ESTELA A	1120 SW 131ST PL 13850 SW 18 ST	MIAMI FL 33184 Miami FL 33175

000008787280

11/04/02--01079--005 **750.00

8. Name and Address of Current Registered Agent

RAMIS, JORGE E
1120 SW 131ST PL.
MIAMI FL 33184

9. Name and Address of New Registered Agent

Name

Jorge Ramis

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

13850 SW 18 ST

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33175

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 1/1/03

11. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/30/02 (305) 559-4229 (04)

Daytime Phone #

CR2E040 (8/02)