PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 FEB -3 PM 4:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000041973

1. Corporation Name
MAURICIO RAMIREZ, INC.

200065819282
02/14/06--01022--014 **1050.00

CR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address
4191 Bellasol	P.O BOX 1924
Suite, Apt. #, etc. Cir # 524	Suite, Apt. #, etc.
City & State FORT MYERS, FLORIDA	City & State BONITA SPRINGS, FL
Zip 33916 Country LEE	Zip 34133 Country LEE

4. Date Incorporated or Qualified To Do Business in Florida 4/26/01

5. FEI Number 65-1095133 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $3.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
LUIS J. DEVILLE

Street Address (P.O. Box Number is Not Acceptable)
622 SE 24 Street

Suite, Apt. #, Etc.

City
FORT MYERS,

State FL Zip Code 33918

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 [signature] REGISTERED AGENT MUST SIGN Date 1-18-06

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	MAURICIO RAMIREZ	4191 Bellasol, Cir #524	Fort Myers, FL 33916
		P.O. 2/6/06	
		REINSTATEMENT DU-06	

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 contained in Chapter 119, 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] MAURICIO RAMIREZ 1/18/2006 (239) 829-4991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #