

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 24 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **901000091881**

1. Corporation Name

RAMOS BALZA & Associates, Inc

2. Principal Office Address

1000 Ponce de Leon Blvd

Suite, Apt. #, etc.

301

City & State

Coral Gables, FL

Zip

33134

Country

U.S.A

3. Mailing Office Address

1000 Ponce de Leon Blvd

Suite, Apt. #, etc.

301

City & State

Coral Gables, FL

Zip

33134

Country

U.S.A

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

90-0000881

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

Daniela Valeri

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

1000 Ponce de Leon Blvd

Suite, Apt. #, Etc.

301

City

Coral Gables

State

FL

Zip Code

33134

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 **10/15/03**

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	Asdrubal Ramos B.	15530 SW 80th #108	Miami FL 33193
VP	Asdrubal Ramos	15530 SW 80th #108	Miami FL 33193
D	Daniela Valeri	15315 SW 80th #108	Miami FL 33193
S.	AYESHA SIKHU RAMOS	15530 SW 80th #108	Miami FL 33193

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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/03 305-4422977

Date

Daytime Phone #

CR2001 (10/02)

21 10/25

October 15, 2003

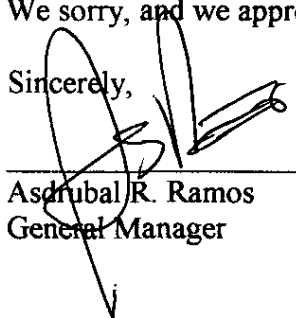
Division of Corporation
P.O Box 6327
Tallahassee, Fl
32314

Dear Sir or Madam:

Enclosed please find application for Reinstatement of our company RAMOS BALZA & ASSOCIATES, INC with a money order by \$ 150,00 to name of Department of State. We didn't know about this anual payment until yesterday that somebody said to us that we have to send this payment to Division of Corporation each year. We have an Accountant, but this person never said to us about this payment to Division of Corporation, only said us the payment to IRS and we thought that these payment was all that we had to pay.

We sorry, and we appreciate your help in this case.

Sincerely,



Asdrubal R. Ramos
General Manager