

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1002

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAR -8 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P01000092632*

1. Corporation Name
RAMIREZ SOD, CORP.

2. Principal Office Address
17529 CHORVAT AVENUE

3. Mailing Office Address
17529 CHORVAT AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
SPRING HILL, FL

City & State
SPRING HILL, FL

Zip Country
34610-6005 USA

Zip Country
34610-6005 USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
043613771

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT *03/05*

7. Name and Address of Current Registered Agent

Name
MANUEL RAMIREZ

Street Address (P.O. Box Number is Not Acceptable)
17529 CHORVAT AVENUE

Suite, Apt. #, Etc.

City
SPRING HILL

State Zip Code
FL 34610-6005

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 *Manuel Ramirez*

Date *03/04/05*

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
P	MANUEL RAMIREZ	17529 CHORVAT AVENUE	SPRING HILL, FL. 34610
V	YECENIA R GARCIA	2416 MARCONI STREET	TAMPA, FL. 33605

000049827650
04/04/05--01081--020 **450.00

[Signature]
3/11

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: *Yecenia R Garcia*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/04/05

Date

727-379-0639

Daytime Phone #

CR2E081 (01/05)

March 4, 2005

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL. 32314

Dear DEPARTMENT OF STATE:

I would to inform you that our company has not received a notice for the Annual reports to be completed since 2002. That is the reason why we have not paid the annual reports, due to lack of information. Please continue to send us the annual reports so that we don't have any future problems as we do now. We were told by your people that our penalty fees can be waived and to pay the amount of \$450.00. Thank you very much for your time.

Sincerely,

Yecenia R. Garcia

YECENIA R. GARCIA
RAMIREZ SOD, CORP.

Zeel