

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
04 MAY 14 PM 1:56

DOCUMENT # P 01000120818

1. Corporation Name

MY RAKELA, INC.

200037026912
05/24/04--01017--022 **300.00

2. Principal Office Address

1010 E LAS OLAS BLVD

3. Mailing Office Address

6163 MIAMI LAKES DR E

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT LAUDERDALE, FL

City & State

MIAMI LAKES, FL

Zip

33301

Country

US

Zip

33014

Country

US

**4. Date Incorporated or Qualified
To Do Business in Florida** 12/24/2001

5. FEI Number
26-0000400

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 0304

7. Name and Address of Current Registered Agent

Name

EDWARD GARCIA, INC.

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

6163 MIAMI LAKES DRIVE EAST

Suite, Apt. #, Etc.

City

MIAMI LAKES

State
FL

Zip Code
33014

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**

Edward Garcia, Inc.

Date 5/05/2004

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
DPST	MOHAMED SAMI A JALLAD	1010 E LAS OLAS BLVD	FT LAUDERDALE, FL 33301

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:

Edward Garcia, Inc.

Date 5/6/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)

MY RAKELA, INC.

1010 E LAS OLAS BLVD
FT LAUDEDALE, FL 33301

May 5, 2004

DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500

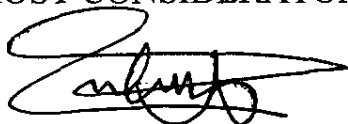
Re: ANNUAL REPORT 2003 & 2004
MY RAKELA, INC.
1010 E LAS OLAS BLVD
FT LAUDEDALE, FL 33301
EIN- 26-0000400
DOC-P01000120818

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, WE WILL RESTATE, THAT
WE NEVER RECEIVED AN ANNUAL REPORT DUE TO THE FACT
THAT SOMETIMES OUR MAIL IS NOT RECEIVED AT HOME WE
HAVE HAD SEVERAL PROBLEMS WITH THE POSTAL OFFICE
THUS WE ARE CHANGING OUR MAILING ADDRESS TO OUR NEW
REGISTERED AGENTS ADDRESS, PLEASE NOTE THE NEW
MAILING ADDRESS IN ATTACHED REINSTATEMENT ANNUAL
REPORT "MAILING ADDRESS" AS PER; YOUR INSTRUCTIONS.

WE ARE REPECTFULLY REQUESTING THAT THE DIVISION
OF CORPORATIONS ACCEPT THE \$300.00 IN PAYMENT OF THE
PAST ANNUAL REPORTS, AS INSTRUCTED.

THANKING YOU IN ADVANCE ONCE MORE FOR YOUR
UTMOST CONSIDERATON.

✓ 

SINCERELY YOURS,
MOHAMED SAMI JALLAD, PRESIDENT