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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAY 13 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000005992

1. Corporation Name

RAMA-VISION INC

2. Principal Office Address

9773 W Sample Rd

Suite, Apt. #, etc.

City & State

Coral Springs FL

Zip

33065

Country

Broward

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

03-04

4. Date Incorporated or Qualified
To Do Business in Florida

JAN, 17, 2002

5. FEI Number

80-0022935

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

MOISES GODOY

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

868 NW 126 AVE

Suite, Apt. #, Etc.

City

Coral Springs

State

FL

Zip Code

33071

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 5/11/04

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
D	MOISES GODOY	868 NW 126 AVE	Coral Springs FL 33071
D	RAFAEL GODOY	1677 NW 91 AVE	Coral Springs FL 3307

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] MOISES GODOY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/11/04

Date

954-753-0137

Daytime Phone #

CR2E081 (01/04)

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2052

RAMAVISION INC.

9773 W SAMPLE RD, CORAL SPRINGS,

FL 33071

TEL 954-753-0137

FAX 954-753-0139

May 11, 2004

Department of State Division of Corporations

Po Box 6327

Tallahassee, FL 32314

To whom it may concern.

In 2002 our company change it address. We notified all our providers and clients, also we send a letter to Florida Department of State Division of Corporations.

Last week we were notified by our bank that our corporation status was INACTIVE. I personally called the Florida Department of State Division Of Corporation, and I found out that the business report were not file.

We, RAMAVISION INC, **have not been receiving any notification for business report, or any form to be filled.** We believe that this entire problem was caused by the addresses changed.

I am sending the form for restatement and a check for \$300.

We, RAMAVISION INC, appreciate your cooperation in this matter.

Sincerely,


MOISES GODOY
DIRECTOR