2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000006185

1. Entity Name
RAMIN, INC.

FILED
08 OCT 27 PM 4:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10212008 REIN-P CR2E098 (1/07)

Principal Place of Business	Mailing Address
4991 S.E. HIGHWAY 31 ARCADIA, FL 34266	4991 S.E. HIGHWAY 31 ARCADIA, FL 34266
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 30-0035463 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

IGBAL, MOHAMED
3452 SUWANEE STREET
ZOLFO SPRINGS, FL 33890

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2009, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD IQBAL, MOHAMED 3452 SUWANEE STREET ZOLFO SPRINGS, FL 33890	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 400137323554 10/27/08--01053--001 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD SULTANA, ROKSANA 3452 SUWANEE STREET ZOLFO SPRINGS, FL 33890	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MD Jabal 10/23/08 (president)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

10/27
AO