

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000042931

1. Corporation Name

RAY AVILES, INC.

Principal Place of Business

7400-0203 RED ROAD
MIAMI FL 33143

Mailing Address

7400-0203 RED ROAD
MIAMI FL 33143

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

7400 SW 57 Ave

Suite, Apt. #, etc.

Suite #2

City & State

SOUTH MIAMI, FL

Zip

33143

Country

USA

3. New Mailing Office Address, If Applicable

7400 SW 57 Ave

Suite, Apt. #, etc.

Suite #2

City & State

SOUTH MIAMI, FL

Zip

33143

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/22/2002

5. FEI Number

04-3655220

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	AVILES, RAY J R Aviles	7400-0203 RED ROAD 7860 SW 196 Terr	MIAMI FL 33143 33189
V.P.	GONZALEZ, DENNIS	7006 SW 103 PL	MIAMI, FL 33173

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

9. Name and Address of New Registered Agent

Name

DENNIS GONZALEZ

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

7006 SW 103 PL

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33173

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

10/14/03

11. 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/14/03

Daytime Phone #

(305) 663-2626

FILED
03 NOV 14 AM 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT



500024715435
11/14/03--01074--027 **150.00

CR2E040 (7/03)

November 10, 2003

To whom it may concern:

I, Ray Aviles, am writing to reinstate the corporation Ray Aviles, Inc. The pervious two uniform business report notices were not received. This was due to delays in construction which did not allow us to open till October 8. I have also changed addresses which were incorrect as well, as added home addresses for my partner and myself to prevent this from happening again. We have also changed the register agent. Enclosed is the completed application for reinstatement and the appropriate filing fee. Please reinstate the corporation. I have also requested a certificate of status. If there are any questions I can be reached at 305-663-2626. Thanks in advance.



Ray Aviles