


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS																									
DOCUMENT # <u>PD2000044811</u>		FILED 04 MAR 12 AM 10:32 SECRETARY OF STATE TALLAHASSEE, FLORIDA 4/4/03 90077 019 150.00 600030324676 03/12/04--01004--008 **150.00																									
1. Corporation Name <u>R & A Printing Design, Inc.</u>																											
2. Principal Office Address <u>8035 N.W. 8 Street</u>		3. Mailing Office Address <u>8035 N.W. 8 street</u>																									
Suite, Apt. #, etc. <u># Apt. # 2</u>		Suite, Apt. #, etc. <u>Apt. # 2</u>																									
City & State <u>miami</u>		City & State <u>Miami</u>																									
Zip <u>33126</u>	Country <u>FL</u>	Zip <u>33126</u>	Country <u>FL</u>																								
7. Name and Address of Current Registered Agent Name <u>ROSSANA VARGAS</u> Street Address (P.O. Box Number is Not Acceptable) <u>8035 N.W. 8 Street</u> Suite, Apt. #, Etc. <u>Apt. # 2</u> City <u>miami</u>		4. Date Incorporated or Qualified To Do Business in Florida <u>7-02</u>																									
		5. FEI Number <u>04-3657793</u> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>																									
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status																											
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 <u>Rossana Vargas.</u> Date <u>3-8-04</u> REGISTERED AGENT MUST SIGN																											
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)																											
<table border="1"><thead><tr><th>Titles</th><th>Name of Officers and/or Directors</th><th>Street Address of Each Officer and/or Director</th><th>City / State / Zip</th></tr></thead><tbody><tr><td>PD</td><td>ROSSANA VARGAS</td><td>8035 N.W. 8 street Apt. # 2</td><td>miami, FL 33126</td></tr><tr><td>UD</td><td>MARVIN VARGAS</td><td>8035 N.W. 8 street Apt. # 2</td><td>miami, FL 33126</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>				Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	PD	ROSSANA VARGAS	8035 N.W. 8 street Apt. # 2	miami, FL 33126	UD	MARVIN VARGAS	8035 N.W. 8 street Apt. # 2	miami, FL 33126												
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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: <u>Rossana Vargas</u>		Date <u>3-8-04</u> 786-853-6267 305-905-7266																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #																									

CR2E081 (01/04)

TR

Florida Department of State
P.O. Box 6327
Tallahassee, Florida 32314

RE: R & A Printing

To Whom It May Concern:

Please be advised that we did not receive the letter that was sent to us on 04/08/03.

If you have any questions or concerns do not hesitate to contact the undersigned.

Sincerely,

Rossana Vargas - 3-8-04
Rossana Vargas
305.905.7266
8035 NW 8th Street Apt 2
Miami, Florida 33126