

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1042

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 DEC -1 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #P02000048173

1. Corporation Name

HOLDINGS R.A.S., INC.

900043219819
12/06/04--01062--010 **308.75

REINSTATEMENT 03-04

2. Principal Office Address

1637 NW 27 AVE

Suite, Apt. #, etc.

200

City & State

MIAMI, FL

Zip

33125

Country

USA

3. Mailing Office Address

1637 NW 27 AVE

Suite, Apt. #, etc.

200

City & State

MIAMI, FL

Zip

33125

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

5/01/02

5. FEI Number

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

FRANCISCO J. ORTEGA

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

6500 NW 72 AVENUE

Suite, Apt. #, Etc.

THIRD FLOOR

City

MIAMI

State

FL

Zip Code

33166

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

REGISTERED AGENT MUST SIGN

Date 11/23/04

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 |
|--------|--------------------------------------|---|--------------------|
| PRES. | PETER COLON | 1637 NW 27 AVE #200 | MIAMI, FL 33125 |
| Secrt. | " | " | " |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/23/04

Date

Daytime Phone #

CR2E081 (01/04)

242

FILED

Holdings R.A.S., Inc.
1637 NW 27 Ave
Suite 200
Miami, FL 33125

04 DEC -1 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

November 30, 2004

Secretary of State
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Document # P02000048173

To Whom It May Concern:

Please be advised that enclosed with this letter is a check to reinstate the corporation known as Holdings R.A.S., Inc.

I ask at this time that you please waive the penalty fees for not renewing the corporation in time. I did not receive a notice in the mail so I was not aware that such action was necessary.

If you should have any questions you can reach me at 305-633-4239.

Thank you,



Peter Colon
Holdings, R.A.S., Inc.

Charter Number Only

VALIDATION ONLY

11/23

Pointe Developers

Requestor's Name

1637 NW 27 Ave #200

Address

MIAMI, FL

City

State

ZIP

Phone

633-4239

CORPORATION(S) NAME

Holdings R.A.S., INC.

RECEIVED
04 NOV 24 AM 9:55
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

- | | | |
|---|--|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> Reinstatement | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Certificate Under Seal |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| | | <input type="checkbox"/> Mail Out |

| |
|----------------|
| Name |
| Availability |
| Document |
| Examiner |
| Updater |
| Verifier |
| Acknowledgment |
| W.P. Verifier |



Empire Toll Free: 1-800-432-3028