

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 20 AM 8:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000091608

1. Corporation Name

RAGOMODA, INC.

Principal Place of Business

1101 BRICKELL AVE  
SUITE 1100  
MIAMI FL 33131

Mailing Address

1101 BRICKELL AVE  
SUITE 1100  
MIAMI FL 33131

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc. P.O. BOX 268601

City & State Weston, FL

Zip 33326 Country USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. P.O. BOX 268601

City & State Weston, FL

Zip 33326 Country USA

4. Date Incorporated or Qualified  
To Do Business in Florida

08/22/2002

5. FEI Number

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
PD	VELASQUEZ, JUAN GUILLERMO	1101 BRICKELL AVE., SUITE 1100	MIAMI FL 33131

8. Name and Address of Current Registered Agent

MACINTER CORPORATION  
5440 NORTH STATE RD. 7  
SUITE 218  
FORT LAUDERDALE FL 33319

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #; Etc.

City

State  
FL

Zip Code

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

Daytime Phone #

10/14/03

CR2040 (7/03)

October 16, 2003

FLORIDA DEPARTMENT OF STATE,  
Division of Corporations,  
P.O. BOX 6327,  
Tallahassee, FL 32314

Reference Number: P02000091608 ,  
Application for Reinstatement , Corporation Name: RAGOMODA, INC.

Dear Sir/Madam:

As per our phone conversation of yesterday with one of your Staff Officers, I am enclosing the "Application for Reinstatement" Form that we received from your office, properly filled out for you to, please, procede to Reinststate my Corporation.

There was a problem caused by the mail system. After I first sent the Annual Report/Uniform Business Report along with the proper check, that you are holding now, you sent me a letter advising me that there was a correction to be made in the Report. We made the correction and sent it back to you Special Delivery but, somehow you never received it. To my surprise I got a letter from you yesterday, letting me know that you had dissolved my Corporation. I assure you that we never had the intention to fail to comply with the Division's requirements.

I hope you will receive my correspondence this time and we will correct this misunderstanding.

I acknowledge your cooperation and thank you for your help on this important issue.

Yours  
RAGO

Juan Guillen  
President



Attachment#

86138413

PO20000891608

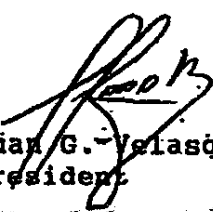
STATE OF FLORIDA,  
Division of Corporations,  
P. O. BOX 6327  
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check in the amount of \$150.00 for the annual report fee with my application.

Since January 2003 we moved to P. O. BOX 268601, Weston, FL 33326-8601, the U.B.R., for the years 2003, or any other notice from the Division of Corporations in respect with the Corporation RAGOMODA INC.

Thank you for your courtesy in this matter.

Sincerely,  
RAGOMODA INC.



Juan G. Velasquez,  
President