

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 MAR -2 PM 12:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02 000119347

1. Corporation Name

Ramirez Grading, Inc.

2. Principal Office Address

5218 Martin St

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples FL

City & State

Zip

Country

34113

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11-5-2002

5. FEI Number

57-1136081

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

Guillermo R. Ruelas

30002974903

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

5218 Martin St

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34113

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

Guillermo Ramirez

Date 2-25-04

REGISTERED AGENT MUST SIGN

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
<u>P/S/T</u>	<u>Guillermo R. Ramirez</u>	<u>5218 Martin St</u>	<u>Naples FL 34113</u>
<u>VP</u>	<u>Maria C. Ramirez</u>	<u>5218 Martin St</u>	<u>Naples FL 34113</u>

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:

Guillermo Ramirez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-04

Date

Daytime Phone #

CR2E081 (01/04)

Ramirez Grading, Inc.  
5218 Martin Street  
Naples, FL 34113

February 25<sup>th</sup>, 2004

Dept of State  
Division of Corp  
PO Box 6327  
Tallahassee, FL 32314

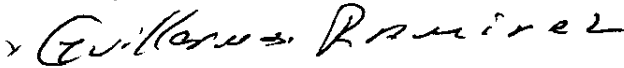
RE: Corporation admin devolved

Dear DOS:

I recently was notified by my Accountant that our Corporation was de-solved. I never received the UBR form to file the report. During the period that the form should have arrived at our address we were having difficulties with stolen mail. We ask that you reinstate our corporation due to the circumstances.

I am enclosing a check in the amount of \$300. Please accept this payment for 2003 & 2004 UBR fee and reinstate the Corporation.

Sincerely,



Guillermo R. Ruelas  
President  
Ramirez Grading, Inc..