

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JUN 23 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P02000126512*

1. Corporation Name

R R A ENTERPRISES INC.

2. Principal Office Address

6737 16th Terr "N"

Suite, Apt. #, etc.

366

City & State

ST. Petersburg, FL

Zip

33710

Country

USA

3. Mailing Office Address

6737 16th Terr "N"

Suite, Apt. #, etc.

366

City & State

ST. Petersburg

Zip

33710

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/02/2002

5. FEI Number

59-3762413

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

SYED SHARFI

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

4623 Forest Hill Blvd. # 109-2

Suite, Apt. #, Etc.

City

W. P. B

State
FL

Zip Code

33415

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

6/5/03

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
<i>PR</i>	<i>BABUL AHMED</i>	<i>6737 16th Terr "N"</i>	<i>ST. PETERSBURG # 366</i>
			<i>FL 33710</i>

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/5/03

Daytime Phone #

(561) 649-7742

CR2ED81 (10/02)

6/6/23

A & K BOOKKEEPING & TAX CONSULTANTS

Syed H. Sharfi, M.B.A., B.B.A.

Accounting & Tax, Fla Atlantic University

Asif S. Sharfi, CPA

Office & fax (561) 640-4010

Residence (561) 697-3086

June 9, 2003

Secretary of State
Tallahassee, FL

Dear Sir or Madam:

Charter # P02000126512/ RRA ENTERPRISES INC.

We are submitting our Application of Reinstatement, for the above named Corporation. The address was changed and the Post Office was duly informed, but something went wrong and we could not get the UBR in original.

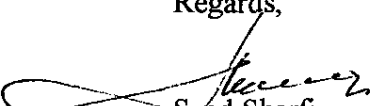
Your good office can also see our old address which should be changed, to our new address as appeared on Reinstatement Application.

We will be extremely thankful for your sympathetic consideration in this matter.

Please process these requests and send a letter confirming that this Corporation is active.

Thank you.

Regards,



Syed H. Sharfi

Ak Bookkeeping & Tax Consultant.

4623 Forest Hill Blvd. , Suit 109-2.

W.P.B., Fla 33415