

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 17 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000131167

1. Corporation Name

GERRATANA & RAMOS CORP.

Principal Place of Business	Mailing Address
305 ALCAZAR AVENUE, SUITE #100 CORAL GABLES FL 33134	305 ALCAZAR AVENUE, SUITE #100 CORAL GABLES FL 33134

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



03

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/13/2002	
City & State		City & State		5. FEI Number	
Zip		Country		76-0720624	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	GERRATANA, FRANCISCO	305 ALCAZAR AVENUE, SUITE #100	CORAL GABLES FL 33134

600023870116
10/17/03--01016--031 **750.00

REINSTATEMENT

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
GERRATANA, FRANCISCO 305 ALCAZAR AVENUE, SUITE #100 CORAL GABLES FL 33134		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

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: Francisco Ramos Registered Agent Date: 10/13/2003

REGISTERED AGENT MUST SIGN

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: Francisco Ramos President Date: 10/13/2003 Daytime Phone #: 305 774 0254

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (7/03)

GERRATANA & RAMOS CORP
305 ALCAZAR AVENUE SUITE # 100
CORAL GABLES, FL 33134
305 774 0354

October 13, 2003

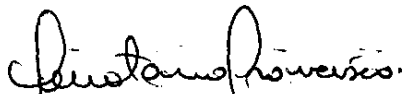
TO DIVISION OF CORPORATION
ANNUAL REPORT / REINSTATEMENT SECTION

REF DOCUMENT # P02000131167
GERRATANA & RAMOS CORP.

Serve this letter to request from you guys a waiver only for this time of the penalties to reinstate this corporation due to we never received the Uniform Business Report for the year 2003.

Appreciating you response in this case.

Cordially,



Francisco Gerratana
President