

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000001546

1. Entity Name
RAMS CABINETS, MARBLE & GRANITE, INC.



FILED

05 NOV 23 PM 5: 09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07/11/05 90/22 050 \$150.00



Principal Place of Business
7080 NW 37TH CT
MIAMI, FL 33147

Mailing Address
13811 SW 34TH ST.
MIAMI, FL 33174

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10042005 REIN-P CR2E098 (6/04)

4. FEI Number
51-0441160

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BENITEZ, JUAN
8345 SW 24TH ST
STE A
MIAMI, FL 33155

Name

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

2400 SW P3 AVE

City

MIAMI

FL

Zip Code

33155

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

JUAN BENITEZ

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10-27-05

FILE NOW!!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME LICEA, RAMIRO
STREET ADDRESS 13811 SW 34TH ST.
CITY-ST-ZIP MIAMI, FL 33174

TITLE ☐ Change ☐ Addition
NAME 900060298559
STREET ADDRESS 10/06/05--01040--006
CITY-ST-ZIP **600.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Juan Licea

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/4/05