

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/5

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 AUG -5 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 703000014031

1. Corporation Name
RISA, INC.

400058848594
08/22/05--01058--007 **200.00

2004-05-Rei

2. Principal Office Address 263 PORT ST. LUCIE BLVD		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PORT ST LUCIE, FL		City & State	
Zip 34984	Country USA	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida		2/5/2003
5. FEI Number 043738857	Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent			
Name SUSAN MARTIN			
Street Address (P.O. Box Number is Not Acceptable) 2934 SE MINT COURT			
Suite, Apt. #, Etc.			
City PORT ST. LUCIE		State FL	Zip Code 34984

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 Susan M. Martin Date 8-1-05

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
P	SUSAN MARTIN	2934 SE MINT COURT	PORT ST LUCIE, FL 34984

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: Susan M. Martin Date 8-1-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/05)

MASCH & COMPANY, LLC
CERTIFIED PUBLIC ACCOUNTANTS

Zel5

July 22, 2005

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Risa, Inc., P03000014031

Sir or Madam:

We enclose herewith Corporate Reinstatement for Risa, Inc.

Also enclosed is a copy of our correspondence dated April 9, 2003.

Also enclosed is a photocopy of the United States Postal Service Certified Mailing Return Receipt documenting it was received on April 14, 2003, by the Department of State.

We sent the letter pursuant to instructions we received during a telephone conversation with the Division of Corporations at that time. Apparently, the address change had never been recorded; therefore, the taxpayer has not been receiving the Annual Uniform Business Report notification.

As the taxpayer did not willfully neglect the law, we suggest this constitutes reasonable cause and request that the reinstatement fee be reconsidered and abated.

Thank you for your attention in this matter.

Very truly yours,
MASCH & COMPANY, LLC



By: Roger Masch

MASCH & COMPANY, LLC
CERTIFIED PUBLIC ACCOUNTANTS

3/25

April 9, 2003

Division of Corporations
c/o Fictitious Name Department
P.O. Box 6327
Tallahassee, Florida 32314

Re: Risa, Inc., P03000014031

Sir or Madam:

Pursuant to our telephone conversation with your office today, due to an inadvertent error in preparing and filing the Articles of Incorporation for the above named entity, a typographical error was made in the spelling of the corporate name.

We understand that this can be corrected by means of this correspondence. The correct spelling of the corporation should be "Rissa, Inc."

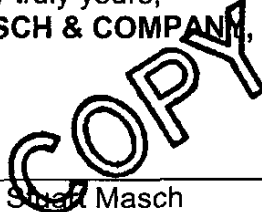
A similar error was made on the Application for Registration of Fictitious Name. The correct spelling of the DBA should be "Susie Q's", the owner of which is Rissa, Inc.

Finally, the address for the registered agent, the DBA, and the corporation should all be:

263 SE Port St. Luice Blvd.
Port St. Lucie, FL 34984-5181

Thank you for your attention to this matter. Should you have any questions, please do not hesitate to contact us directly.

Very truly yours,
MASCH & COMPANY, LLC

By:  Masch

check

COPY

COMPLETE THIS SECTION ON DELIVERY

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

ACIE PENTON Agent
MENT OF STATE Addressee

Printed Name: **APR 14 2003** Date of Delivery

Address different from item 1? Yes
 delivery address below: No

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees		\$ 4.42

Postmark: **neopost**
 Here: **\$0.00**
 Mailed From: **33328**
 Date: **04/09/03**

Sent To: **Division of Corp. Fin. Name Dep.**
 Street, Apt. No., or PO Box No.: **PO Box 632**
 City, State, ZIP+4: **Tallahassee FL 32314**

PS-POSTAGE

Express Mail
 Return Receipt for Merchandise Mail
 C.O.D.
 Delivery? (Extra Fee) Yes

PS Form 3800, January 2001 See Reverse for Instructions 102595-02-M-1035

7002 0510 0000 6948 2716

SOLS

102595-02-44-1035

PS Form 3800, Jan-Mar 2001 (Reverse)
IMPORTANT: Save this receipt and present it when making an inquiry.
If a postmark on the Certified Mail receipt is desired, please present the original receipt at the post office for postmarking. If a postmark on the Certified Mail envelope is not needed, detach and affix label with postage and mail.
For an additional fee, delivery may be restricted to the addressee or addressee's authorized agent. Advise the clerk or mark the mailpiece with the return receipt (PS Form 3811) to the article and add applicable postage to cover the fee. To obtain Return Receipt for Registered Mail, attach a Return Receipt for Registered Mail to the article and add applicable postage to cover the fee. For an additional fee, a Return Receipt for Registered Mail may be requested to provide proof of delivery. To obtain Return Receipt for Registered Mail, attach a Return Receipt for Registered Mail to the article and add applicable postage to cover the fee. For an additional fee, delivery may be restricted to the addressee or addressee's authorized agent. Advise the clerk or mark the mailpiece with the return receipt (PS Form 3811) to the article and add applicable postage to cover the fee. To obtain Return Receipt for Registered Mail, attach a Return Receipt for Registered Mail to the article and add applicable postage to cover the fee. For an additional fee, a Return Receipt for Registered Mail may be requested to provide proof of delivery.

Certified Mail Provides:
A unique identifier for your mailpiece
A signature upon delivery
A record of delivery kept by the Postal Service for two years
Certified Mail is not available for any class of international mail.
NO INSURANCE COVERAGE IS PROVIDED with Certified Mail. For values, please consider insured or Registered Mail.
For an additional fee, delivery may be restricted to the addressee or addressee's authorized agent. Advise the clerk or mark the mailpiece with the return receipt (PS Form 3811) to the article and add applicable postage to cover the fee. To obtain Return Receipt for Registered Mail, attach a Return Receipt for Registered Mail to the article and add applicable postage to cover the fee. For an additional fee, a Return Receipt for Registered Mail may be requested to provide proof of delivery.

COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Division of Corps.
c/o Frattious Name Dept
PO Box 6337
Tallahassee, FL 32314

Rissa Correction

COMPLETE THIS SECTION ON DELIVERY

- A. Signature **GRACIE PENTON**
- B. Received by (Printed Name) **DEPARTMENT OF STATE**
- C. Date of Delivery **APR 14 2003**
- D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type

- Certified Mail
- Registered
- Insured Mail
- Express Mail
- Return Receipt for Merchandise
- C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

COPY