

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 SEP-26 AM 10:48

DOCUMENT # P03000028516

1. Corporation Name

RALPH'S FURNITURE SERVICES, CORP.

3806 SW 79 AVENUE

3806 SW 79 AVENUE

2. Principal Office Address

3806 SW 79 AVENUE

Suite, Apt. #, etc.

70

City & State

MIAMI, FLORIDA

Zip

33155

Country

USA

3. Mailing Office Address

3806 SW 79 AVENUE

Suite, Apt. #, etc.

70

City & State

MIAMI, FLORIDA

Zip

33155

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 03/11/2003

5. FEI Number

30-0162205

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

SANTOS R. AGUIRRE

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

3806 SW 79 AVENUE

Suite, Apt. #, Etc.

70

City

MIAMI

State

FL

Zip Code

33155

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

Date 08/31/2004

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
PSD	SANTOS R. AGUIRRE	3806 SW 79 AVE # 70	MIAMI, FL 33155

100041454461
09/29/04--01068--003 **150.00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/31/2004

Date

786-217-3025

Daytime Phone #

CR2E081 (01/04)

1082

Miami, August 31st, 2004

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: RALPH'S FURNITURE SERVICES, CORP.
Doc Number P03000028516

Dear Sir or Madam:

Please find enclosed an application for reinstatement with our new address.

We have never received the 2004 Uniform Business Report. We think it was sent to a different location.

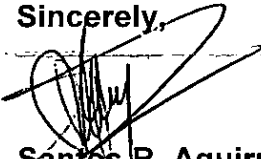
We are enclosing a check for \$150 to cover the following fees:

2004 Uniform Business Report

We want to ask you for consideration and waive the penalty for reinstatement of our organization, which was incorporated in 2003.

Your consideration will be greatly appreciated.

Sincerely,



Santos R. Aguirre
President
3806 SW 79 Avenue # 70
Miami, FL 33155