

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000079971	
1. Entity Name RAYSE TRADING, CORP	



FILED

2006 SEP 19 PM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08172006 REIN-P CR2E098 (11/05)

4. FEI Number
04-3768677

Applied For
Not Applicable

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

Principal Place of Business 10670 SW 156TH PL SUITE 314 MIAMI, FL 33196	Mailing Address 10670 SW 156TH PL SUITE 314 MIAMI, FL 33196
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2. Principal Place of Business 7771 NW 7ST Suite, Apt. #, etc. 417	3. Mailing Address 7771 NW 7ST Suite, Apt. #, etc. 417
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City & State MIAMI, FL	City & State MIAMI, FL
Zip 33126	Country USA
Zip 33126	Country USA

6. Name and Address of Current Registered Agent INSIGNARES, ALEJANDRO 10670 SW 156TH PL SUITE 314 MIAMI, FL 33196	
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7. Name and Address of New Registered Agent Name: INSIGNARES, ALEJANDRO Street Address (P.O. Box Number is Not Acceptable): 7771 NW 7ST #417 City: MIAMI FL Zip Code: 33126	
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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: Alejandro Insignares ALEJANDRO INSIGNARES 8/18/06

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD INSIGNARES, ALEJANDRO 10670 SW 156TH PL, SUITE 314 MIAMI, FL 33196 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD INSIGNARES, ALEJANDRO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7771 NW 7ST #417 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PALMA, CHRISTEL 10670 SW 156TH PL, SUITE 314 MIAMI, FL 33196 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PALMA, CHRISTEL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7771 NW 7ST #417 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Alejandro Insignares ALEJANDRO INSIGNARES 8/18/06

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