

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 OCT 16 21 9:04

DOCUMENT # P03000118728

1. Corporation Name

Ramp Specialty Services Inc.

W06-42305

2. Principal Office Address

8716 N. 52nd St

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa Florida

City & State

Zip

33617

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10-20-03

5. FEI Number

57-1190898

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

Pedro Martinez

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

8716 N. 52nd St

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33617

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

Pedro Martinez

REGISTERED AGENT MUST SIGN

Date 9-21-06

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
Director	Pedro Martinez	8716 N 52nd St Tampa FL 33617	Tampa FL 33617

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 contained in Chapter 119, 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

9-21-06

Date

8132415981

Daytime Phone #

B. Mitchell OCT 10 2006

20f2

October 12, 2006

To Whom It May Concern:

I'm writing in regards to my business, Ramp Specialty Services Inc., I did not receive annual report notice 2005 for my business and when I attempted to pay for reinstatement I filled under the wrong department.
FEI# 57-1190898.

A handwritten signature in cursive script, appearing to read "Pedro Martinez".

Pedro Martinez
Owner