

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000154492

1. Entity Name  
RAYNELL CORP.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 OCT 12 AM 9:38

Principal Place of Business  
11251 NW 58 TERRACE  
DORAL, FL 33178

Mailing Address  
11251 NW 58 TERRACE  
DORAL, FL 33178

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10052007 REIN-P CR2E098 (1/07)



4. FEI Number  
51-0498542

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

AZPURUA, LEOPOLDO SR.  
4321 SW 81ST PLACE  
GAINESVILLE, FL 32608

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2008, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME GARRIDO, RAUL  
STREET ADDRESS 11251 NW 58 TERRACE  
CITY-ST-ZIP DORAL, FL 33178

TITLE VD  
NAME FUENMAYOR, NELLY  
STREET ADDRESS 11251 NW 58 TERRACE  
CITY-ST-ZIP DORAL, FL 33178

TITLE SD  
NAME GARRIDO, RICARDO  
STREET ADDRESS 11251 NW 58 TERRACE  
CITY-ST-ZIP DORAL, FL 33178

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: X

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #