

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JUN -1 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000102568

1. Corporation Name
RAMIRO ALMEDIA SERVICE & REPAIRS INC.

400181570534
06/01/10--01063--014 **1508.75

| | | | |
|--|----------------|---|----------------|
| 2. Principal Office Address - No P.O. Box # 2911 SW 124 Court | | 3. Mailing Office Address C/O FRANCISCO O. LORIGA, ESQ. | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. 6482 SW 39th Street | |
| City & State MIAMI, FLORIDA | | City & State MIAMI, FLORIDA | |
| Zip 33175 | Country USA | Zip 33155 | Country USA |

REINSTATEMENT 05-10
CR2E081 (4/10)

| | |
|---|-------------------------------|
| 4. Date Incorporated or Qualified To Do Business in Florida 07/07/2004 | |
| 5. FEI Number 75-3160748 | Applied For Not Applicable |
| 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status | |

| | | |
|---|-------------|-------------------|
| 7. Name and Address of Current Registered Agent | | |
| Name FRANCISCO O. LORIGA, ESQ. | | |
| Street Address (P.O. Box Number is Not Acceptable) 6482 SW 39 TH STREET | | |
| Suite, Apt. #, Etc. | | |
| City MIAMI | State FL | Zip Code 33155 |

PROFIT CORPORATIONS ONLY
 The \$600.00 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: Francisco O. Loriga Date: 5/27/2010

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/D/T | RAMIRO ALMEDIA | 2911 SW 124 Court | MIAMI, FLORIDA 33175 |
| | | | |
| | | | |
| | | | |
| | | | |

10. E-mail Address: MIAMIOVI_338@MSN.COM
(To be used for future annual report notification)

11. 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. I further certify, 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: Ramiro Almedia RAMIRO ALMEDIA 05/27/2010 7863267475

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