

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000107151

1. Corporation Name

RYAN BAROUH FINANCIAL SERVICES, INC.

2. Principal Office Address

325 S. BISCAYNE BLVD

Suite, Apt. #, etc.

UPH15

City & State

MIAMI, FL

Zip

33131

Country

USA

3. Mailing Office Address

325 S. BISCAYNE BLVD

Suite, Apt. #, etc.

UPH15

City & State

MIAMI, FL

Zip

33131

Country

USA

FILED

07 JUN 25 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

05-09

4. Date Incorporated or Qualified

To Do Business in Florida 07/19/2004

5. FEI Number

20-1871944

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

RYAN BAROUH

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

325 S. BISCAYNE BLVD

Suite, Apt. #, Etc.

UPH15

City

MIAMI

State
FL

Zip Code
33131

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 01/09/2007

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	RYAN BAROUH	325 S. BISCAYNE BLVD, #UPH15	MIAMI, FL 33131

REINSTATEMENT

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/09/2007

Date

(786) 246-7467

Daytime Phone #

Miami, FL,, March 20, 2007

FLORIDA DEPARTMENT OF STATE
Division of Corporations
Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314

Ref: RYAN BAROUH FINANCIAL SERVICES INC., EIN: P04000107151

Dear Sirs,

This is to inform you that RYAN BAROUH FINANCIAL SERVICES INC. did not file its 2005 because the Annual Report Notice sent by you was never received and the company changed mailing address. Furthermore, this caused the failure to file for the years 2006 and 2007 as well. Therefore, since we want to keep this company ACTIVE and we want to be current, we are sending the payment for \$450.00 corresponding to the 2005, 2006, and 2007 Annual Report fees along with the Reinstatement Form for this company for you to please verify and update your records accordingly. Moreover, we respectfully request for you to please waive the \$600.00 reinstatement fee imposed to this company due to the facts previously presented. We would really appreciate it.

Should you have further questions, please contact us at (786) 246-7467. We apologize for any inconvenience this may have caused. Thank you very much for your cooperation.

Sincerely,


RYAN BAROUH
President