

## 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P04000111671</b> 1. Entity Name <b>RITZY OF AMERICA, CORP.</b>					
Principal Place of Business <b>1701 NW 1ST AVE A BOCA RATON, FL 33432</b>			Mailing Address <b>1701 NW 1ST AVE A BOCA RATON, FL 33432</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>MUNOZ, DEWEY G 1701 NW 1ST AVE A BOCA RATON, FL 33432</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2006, Fee will be \$300.00</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MUNOZ, DEWEY G</b>		NAME	<b>300061078893</b>	
STREET ADDRESS	<b>1701 NW 1ST AVE A</b>		STREET ADDRESS	<b>11/01/05--01058--010 **150.00</b>	
CITY - ST - ZIP	<b>BOCA RATON, FL 33432</b>		CITY - ST - ZIP		
TITLE	V <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LARRAGAN, JAVIER N</b>		NAME		
STREET ADDRESS	<b>1701 NW 1ST AVE A</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>BOCA RATON, FL 33432</b>		CITY - ST - ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SANGUINETTI, HECTOR E</b>		NAME	<b>REINSTATEMENT 05</b>	
STREET ADDRESS	<b>1701 NW 1ST AVE A</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>BOCA RATON, FL 33432</b>		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME	<b>T. Roberts NOV 02 2005</b>	
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>X</u> <i>J. Sanguinetti</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>10/29/2005</u> <small>Date Daytime Phone #</small>		

**FILED**  
 05 NOV -1 PM 1:58  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



10262005 REIN-P CR2E098 (6/04)

4. FEI Number **32-0123144** Applied For ☐ Not Applicable ☒  
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required