

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JAN 29 AM 8:24

SECRETARY OF STATE
700 TALLAHASSEE BLVD
TALLAHASSEE, FLORIDA 32399-0001
10/28/09--01023--010 **450.00
700162256367
01/29/10--01039--011 **750.00

CR2E081 (12/08)

DOCUMENT # 704000135267

1. Corporation Name

RAIRO INVESTMENTS, INC

W09-48572

2. Principal Office Address - No P.O. Box #

7951 SW 40 ST

3. Mailing Office Address

7951 SW 40 ST

Suite, Apt. #, etc.

208

Suite, Apt. #, etc.

208

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33155

Country

USA

Zip

33155

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

9/28/04

5. FEI Number

202063315

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

RAPHAEL CERVERA

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

7951 SW 40 ST.

Suite, Apt. #, Etc.

208

City

MIAMI

State

FL

Zip Code

33155

☐ The 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

Ref

REGISTERED AGENT MUST SIGN

Date

10/21/2009

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
PRESID	RAPHAEL CERVERA	7951 SW 40 ST #208	MIAMI FL 33155
VP	ROLANDO SOLER	7951 SW 40 ST #208	MIAMI FL 33155

REINSTATEMENT

RAH

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:

Ref

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/21/2009 786-277-8494

Daytime Phone #