


Pg 10F2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 MAR 11 10:35
SECRET
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CR2E061 (12/05)

DOCUMENT # P04 000136215

1. Corporation Name
RAMOS-GOTAY & ASSOCIATES, INC.
12000 BISCAYNE BLVD, SUITE 507
MIAMI FLORIDA 33181

2. Principal Office Address
12000 BISCAYNE BLVD

3. Mailing Office Address

Subs, Apt. #, etc. **507**

City & State
MIAMI FLORIDA

Zip **33181** Country **USA**

4. Date Incorporated or Qualified To Do Business in Florida **09/30/2004**

5. FEI Number **13.4287662**

6. CERTIFICATE OF STATUS DESIRED \$6.75 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
UGO V. CHIARATO

Street Address (P.O. Box Number is Not Applicable)
UGO V. CHIARATO
CHARTERED PUBLIC ACCOUNTANT
FLORIDA AND NEW YORK STATE
12000 BISCAYNE BLVD., SUITE 507
MIAMI, FL 33181

Subs, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33181

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]** Date **FEB 1, 2006**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/E/D	RAMOS-GOTAY, HENRY	12000 BISCAYNE BLVD	MIAMI, FLORIDA 33181
T	MARIA E. SCHREURS	SUITE 507 MIAMI FL 33181	

B 3/19/04

REINSTATEMENT 05-06

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: **[Signature]** Date **FEBRUARY 1, 2006 (305) 899-5099**

PRINT NAME AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Florida State Division of Corporations
Reinstatements

February 1, 2006

Document P04000136215

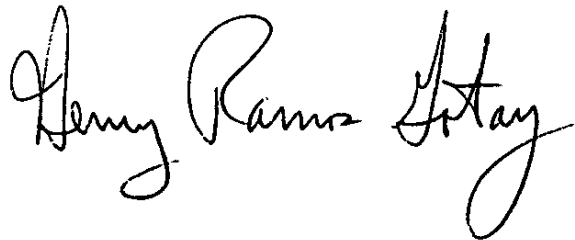
Dear Sirs

This is to attest that we never received Annual Report Notice and that the company was dissolved despite of our intention to keep it operational.

With deep regards, Yours respectfully,

Henry Ramos Gotay, President

Ramos-Gotay and Associates FEIN 13-4287662

A handwritten signature in black ink that reads "Henry Ramos Gotay". The signature is written in a cursive style with a large, looping initial "H".