
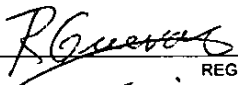



10/2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	SEC. 119.0401 DIVISION OF CORPORATIONS 06 SEP 25 PM 2:32	
DOCUMENT # P04000163 153				
1. Corporation Name RALI Investments Corporation 13331 SW 100 COURT MIAMI, FL 33176				
2. Principal Office Address 13331 SW 100 COURT Suite, Apt. #, etc.		3. Mailing Office Address Same Suite, Apt. #, etc.		
City & State MIAMI FL		City & State		
Zip 33176	Country D.A.D.C.	Zip	Country	
REINSTATEMENT 05-06 CR2E081 (12/05)				
4. Date Incorporated or Qualified To Do Business in Florida 12/03/04				
5. FEI Number				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status				
7. Name and Address of Current Registered Agent				
Name RAFAEL GUEVARA				
Street Address (P.O. Box Number is Not Acceptable) 13331 SW 100 CT.				
Suite, Apt. #, Etc.				
City MIAMI			State FL	Zip Code 33176
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 		Date 9-22-06		
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	
D	RAFAEL GUEVARA	13331 SW 100 CT	MIAMI FL 33176	
400080211514 09/29/06--01061--021 **300.00				
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: 		9-22-06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #		

Ref 2

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

September 22, 2006

To whom it may concern:

Enclosed please find the corporation reinstatement form along with the check for two year registration of \$300.00.

Please wave my reinstatement fees because I never receive any annual report notice for the last two years. Please attempt this matter as soon as possible.

Sincerely


Rafael Guevara
Director