

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 JAN 14 PM 3:14

DOCUMENT # p05000030319

1. Corporation Name

Ramivi services inc

000166204940
01/14/10--01044--011 **600.00

CR2E081 (11/09)

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

4198 ceasar cr

Suite, Apt. #, etc.

3. Mailing Office Address

4198 ceasar cr

Suite, Apt. #, etc.

City & State

green acres fl

Zip

33463

Country

usa

City & State

green acres fl

Zip

33463

Country

usa

4. Date Incorporated or Qualified
To Do Business in Florida

2/21/2005

5. FEI Number

260109079

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

Marvin A lopez

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

4198 ceasar cr

Suite, Apt. #, Etc.

City

green acres

State

FL

Zip Code

33463

☒ 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

Marvin A Lopez

REGISTERED AGENT MUST SIGN

Date 1/10/2010

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	Marvin A Lopez	4198 ceasar cr	green acres fl 33463
V	Ana victoria Vasquez	4198 ceasar cr	green acres fl 33463

REINSTATEMENT

07-10
B.

1/15/10

10. E-mail Address: nic33ez@aol.com

(To be used for future annual report notification)

11. 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. I further certify, 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:

Marvin A Lopez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/2010

Date

561-3134148

Daytime Phone #