2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000036632

21095 ESCONDIDO WAY N

BOCA RATON, FL 33433

Address: City-St-Zip: FILED Sep 23, 2009 Secretary of State

Entity Nar	ne: RASEIN	VESTMENTS, INC.			
Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
1400 W PALMETTO PARK RD STE 416 BOCA RATON, FL 33486				1239 E NEWPORT CENTER DR STE 105 DEERFIELD BEACH, FL 33442	
Current Mailing Address:			New Mailing Addr	New Mailing Address:	
1400 W PALMETTO PARK RD STE 416 BOCA RATON, FL 33486				1239 E NEWPORT CENTER DR STE 105 DEERFIELD BEACH, FL 33442	
FEI Number:	20-2475168	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of 0	Current Registered Agent:	Name and Address	Name and Address of New Registered Agent:	
KATTOURA, BASSAM 1499 W PALMETTO PARK RD STE 416 BOCA RATON, FL 33486 US			1239 E NEWPORT	KATTOURA, BASSAM 1239 E NEWPORT CENTER DR STE 105 DEERFIELD BEACH, FL 33442 US	
The above in the State		submits this statement for the p	urpose of changing its registe	ered office or registered agent, or both,	
SIGNATUR	RE: BASSAM	KATTOURA		09/23/2009	
	Electro	nic Signature of Registered Age	ent	Date	
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution ().	t receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D (KATTOURA, BA 6833 GIRALDA BOCA RATON,	CIR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (SABA, SALIM 3201 NW 28TH BOCA RATON,		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D (SABA, ELIAS) Delete	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: BASSAM KATTOURA D 09/23/2009