

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 JUL -7 AM 8:55

DOCUMENT # P05000062104

1. Corporation Name

Ramirez Investments, Inc.

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

90 22nd Ave NW

Suite, Apt. #, etc.

3. Mailing Office Address

90 22nd Ave NW

Suite, Apt. #, etc.

City & State

Naples, Florida

City & State

Naples, Florida

Zip

34120

Country

U.S.

Zip

34120

Country

U.S.

7. Name and Address of Current Registered Agent

Name

JOHN RAMIREZ

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

90 22nd Ave NW.

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34120

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]*  
REGISTERED AGENT MUST SIGN

Date

6-29-09

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	JOHN RAMIREZ	90 22nd Ave NW	Naples, FL 34120
VP	ELVIA RAMIREZ	90 22nd Ave NW	Naples, FL 34120

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]* JOHN RAMIREZ

6/10/09 (239)825-8459

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

900158213919  
07/07/09--01028--013 \*\*450.00

REINSTATEMENT 07-09

4. Date Incorporated or Qualified  
To Do Business in Florida

4/27/05

5. FEI Number

20-2743090

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

☒ 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.