


2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000125564		
1. Entity Name RYA INVESTMENTS, INC.		

Principal Place of Business 10200 SW 135TH ST MIAMI, FL 33176	Mailing Address 10200 SW 135TH ST MIAMI, FL 33176
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2. Principal Place of Business - No P.O. Box # 25 SW 19 Ave	3. Mailing Address SAME
Suite, Apt. #, etc. 102	Suite, Apt. #, etc.

City & State Miami FL	City & State
Zip 33135	Country Dade

FILED
09 JAN 15 AM 10:12

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



01062009 REIN-P CR2E098 (1/07)

4. FEI Number 20-3458422	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ABBOUD, RICHEL Y 10200 SW 135TH ST MIAMI, FL 33176	
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7. Name and Address of New Registered Agent	
Name Richel Y. Abboud	
Street Address (P.O. Box Number is Not Acceptable) 25 SW 19 Ave	
Suite 102	
City Miami	FL Zip Code 33135

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  **JAN. 05. 2009**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ABBOUD, RICHEL Y 10200 SW 135TH ST MIAMI, FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Richel Y. Abboud 25 SW 19 Ave, Suite 102 Miami, FL 33135 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **JAN. 05. 2009** **786-344-7333**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Debit Phone #