

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 NOV 13 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000166015

1. Corporation Name

Ramsey USA, Inc

REINSTATEMENT

CR2E081 (1/07)

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

1601 North Palm Ave

3. Mailing Office Address

1601 North Palm Ave

Suite, Apt. #, etc.

304 F

Suite, Apt. #, etc.

304 F

City & State

Pembroke Pines

City & State

Pembroke Pines

Zip

33026

Country

Broward

Zip

33026

Country

Broward

4. Date Incorporated or Qualified
To Do Business in Florida

12/22/2005

5. FEI Number

☒ 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

Dawn Ramsay

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

1601 North Palm Ave

Suite, Apt. #, Etc.

304 F

City

Pembroke Pines

State

FL

Zip Code

33026

☒ 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

Dawn Ramsay

REGISTERED AGENT MUST SIGN

Date 11/10/08

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	Dawn Ramsay	1601 North Palm Ave 304F	Pembroke Pines FL 33026
V	Dawn Ramsay	1601 North Palm Ave 304F	Pembroke Pines FL 33026
S	Dawn Ramsay	1601 North Palm Ave 304F	Pembroke Pines FL 33026
T	Dawn Ramsay	1601 North Palm Ave 304F	Pembroke Pines FL 33026
V	Allie Ramsey	1601 North Palm Ave 304F	Pembroke Pines FL 33026

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.

954-717 8732

SIGNATURE:

Dawn Ramsay

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/10/08

Daytime Phone #

000138035310
11/18/08--01011--009 **450.00