

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED


2008 JUL -8 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300132923443
07/15/08--01009--016 **150.00

CR2E081 (12/07)

CORPORATION
REINSTATEMENT
2008 A/R

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07000017296

1. Corporation Name

RAICES GROUP, INC

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

1255 COLLINS AVE

Suite, Apt. #, etc.

205

City & State

MIAMI BEACH, FL

Zip

33139

Country

USA

3. Mailing Office Address

1255 COLLINS AVE

Suite, Apt. #, etc.

205

City & State

MIAMI BEACH, FL

Zip

33139

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida

02/07/2007

5. FEI Number

20-8402596

☐ 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

FABIO OSTROVIECKI

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

1255 COLLINS AVE

Suite, Apt. #, Etc.

205

City

MIAMI BEACH

State

FL

Zip Code

33139



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

Date 06/24/2008

REGISTERED AGENT MUST SIGN

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	FABIO OSTROVIECKI	1255 COLLINS AVE 205	MIAMI BEACH, FL 33139

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/24/2008

Date

305-733-4856

Daytime Phone #

RAICES GROUP, INC

1255 COLLINS AVE
SUITE # 205
MIAMI BEACH, FL 33139

Miami Beach, June 24, 2008

**Department of State
Division of Corporations
Tallahassee, FL 32314**

RE: P07000017296

To Whom It May Concern:

Currently, my corporation is encountering a problem and would need the help of this Department to solve it. The problem arises upon never having received the 2007 UBR (Uniform Business Report) and because of this, the corporation was penalized.

This petition is prepared given that the corporation has recently opened and handles very little activity. Thus, not allowing the corporation to be capable of paying such a large amount of money. An amount deemed unnecessary and unjust.

If in case the REINSTATEMENT is accepted, I would like to thank for understanding the situation presented and we promise to make this be the last time such a problem occurs. Also I am attaching the reinstatement form filled out.

Sincerely



Fabio Ostroviecki
President