2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000023224

1. Entity Name
RUKIRA, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 APR 15 PM 2:55

Principal Place of Business	Mailing Address
1775 NE 162ND ST. NORTH MIAMI BEACH, FL 33162	1775 NE 162ND ST. NORTH MIAMI BEACH, FL 33162

11042008 REIN-P CR2E098 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
912 NE 81 STREET	912 NE 81 STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL	City & State: MIAMI, FL.
Zip: 33138 Country:	Zip: 33138 Country:

4. FEI Number: 20-8480049 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SAMUEL, BERTHRAM 1775 NE 162ND ST. NORTH MIAMI BEACH, FL 33162	Name: BERTHRAM SAMUEL Street Address (P.O. Box Number is Not Acceptable): 912 NE 81 STREET City: MIAMI FL Zip Code: 33138

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: _____ 4-7-09
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2009, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. ☐

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P,T SAMUEL, BERTHRAM 1775 NE 162ND ST. NORTH MIAMI BEACH, FL 33162	☐ Delete	P,D BERTHRAM SAMUEL 912 NE 81 STREET MIAMI, FL 33138	☒ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition

4/17/09

08-09

900150351669
04/15/09--01035--021 **300.00

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: _____ 4-7-09
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #