


# 2009 FOR PROFIT CORPORATION REINSTATEMENT

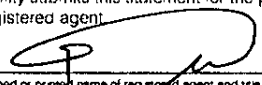
<b>DOCUMENT # P07000069583</b>		
1. Entity Name <b>RYA II INVESTMENTS INC</b>		

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


City & State <b>MIAMI, FL</b>	City & State
Zip <b>33135</b>	Country <b>Dade</b>

6. Name and Address of Current Registered Agent <b>ABBOUD, RICHEL Y 10200 SW 135TH ST. MIAMI, FL 33176</b>		7. Name and Address of New Registered Agent Name <b>Richel Y. Abboud</b> Street Address (P.O. Box Number is Not Acceptable) <b>25 SW 19 AVE, Suite 102</b> City <b>MIAMI</b> FL Zip Code <b>33135</b>	
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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  DATE <b>JAN-05-2009</b>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	

<b>FILE NOW!!! FEE IS \$300.00</b>	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	<b>P ABBOUD, RICHEL Y 10200 SW 135TH ST. MIAMI, FL 33176</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P Abboud, Richel Y. 25 SW 19 AVE Suite 102 MIAMI, FL 33135</b> <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	<b>300140843443</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>01/15/09--01023--026 **300.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>REINSTATEMENT 08-09</b> <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	<b>DE 1/22</b> <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

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE <b>JAN-05-2009</b> DAYTIME PHONE # <b>786-344 7333</b>

FILED  
09 JAN 15 AM 10:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01062009	REIN-P	CR2E098 (1/07)
4. FEI Number <b>51-0638668</b>	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	