

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

~~Attachment~~ 1092

DOCUMENT # P07000098828

1. Entity Name  
RALLE CORPORATION



FILED

09 JAN -5 PM 4:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
7121 SW 129 AVE  
APT.5  
MIAMI, FL 33183

Mailing Address  
7121 SW 129 AVE  
APT.5  
MIAMI, FL 33183

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

11850 SW 19th

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4125

City & State

City & State

Miami, FL

Zip

Country

Zip

33125

Country

11162098

REINSTATEMENT

08

4. FEI Number

26-0848180

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

RALLE, EDUARDO  
7121 SW 129 AVE  
APT.5  
MIAMI, FL 33183

Name

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

City

FL

Zip Code

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

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  
PD  
RALLE, EDUARDO  
7121 SW 129 AVE  
MIAMI, FL 33183

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
400139483994  
01/05/09--01053--011 \*\*\$150.00

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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

Daytime Phone #

REINSTATEMENT 2008