PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 OCT -5 AM 11:28

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 11-12

CR2E081 (11/10)

DOCUMENT #

1. Corporation Name
RICARDO'S SERVICES INC.
P09000070142

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
12563 S.W. 119 PLACE	12563 SW 119 PLACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL 3	City & State: MIAMI FL
Zip: 33186 / Country: MIAMI-DADE	Zip: 33186 / Country: MIAMI DADE

4. Date Incorporated or Qualified To Do Business in Florida: AUGUST 19, 2009

5. FEI Number: 27-0771409 — 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: RICARDO ROJAS

Street Address (P.O. Box Number is Not Acceptable): 12563 S.W 119 PLACE

Suite, Apt. #, Etc.:

City: MIAMI — State: FL — Zip Code: 33186

300240493943
10/05/12--01030--008 **900.00

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: Ricardo Rojas — Date: 10/02/2012
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-T-S	RICARDO ROJAS	12563 SW. 119 PLACE	MIAMI FL 33186
			OCT 08 2012
			T. CAULEY

10. **E-mail Address:** RICARDORP@BELLSOUTH.NET
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Ricardo Rojas RICARDO ROJAS — 10/02/2012 — 786 253 7505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #