

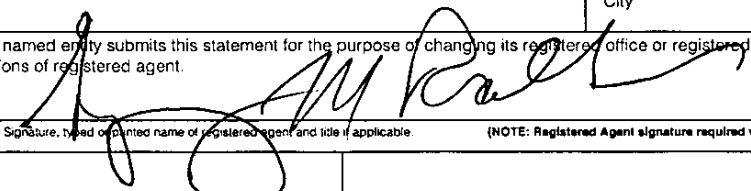

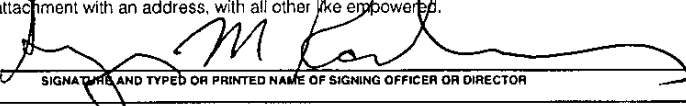


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P93000029631 1. Entity Name RAM STUDIO INC.						FILED 05 MAY 10 AM 10:28 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 10501 NW 50TH STREET 109 SUNRISE, FL 33351 US				Mailing Address 10501 NW 50TH STREET 109 SUNRISE, FL 33351 US			
2. Principal Place of Business 5081 S. State Rd 7 Suite, Apt. #, etc. 815 City & State DAVIE FL Zip 33314		3. Mailing Address 5081 S. State Rd 7 Suite, Apt. #, etc. 815 City & State DAVIE FL Zip 33314		 REINSTATEMENT 04-05		4. FEI Number 65-0424921 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent RAMAEKERS, GREGORY 1408 S. 17TH AVENUE HOLLYWOOD, FL 33020				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE			
FILE NOW!!! FEE IS \$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 RAMAEKERS, GREGORY M 1408 S. 17TH AVENUE HOLLYWOOD, FL 33020 3800 SN 47 Ct Dania Beach			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ramackers, Gregory M 3800 SW 47 Ct Ft. Lauderdale, FL 33312		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	E 33314			TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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	<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		
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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 exemption stated in Section 119.07(3)(i), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							
Date				Daytime Phone #			