PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 NOV 22 AM 9:49
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000055392

1. Corporation Name

RAMROD FORT LAUDERDALE, INC.

Principal Place of Business	Mailing Address
1508 N.E. 4TH AVE FORT LAUDERDALE FL 33305	1508 N.E. 4TH AVE FORT LAUDERDALE FL 33305

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 9 Leo

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 07/21/1994

5. FEI Number: ~~APPLIED FOR~~ 65-0507734 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	WHITNEY, STEPHEN	707 N.E. 20TH AVENUE	FORT LAUDERDALE FL 33304
P	~~WHITNEY,STEPHEN~~ WHITNEY, STEPHEN	707 NE 20TH AVE	FT.LAUDERDALE FL 33304
VP	ENTERLINE,JACK L	707 N.E. 20TH AVE	FT.LAUDERDALE FL 33304
T	~~GSABON,GEORGE~~ ENTERLINE, JACK L	~~1626 NE 7TH STREET~~ 707 NE 20 AV	~~FT.LAUDERDALE FL 33304~~
			600002014736--3
			-11/26/96--01111-029
			****375.00 ****375.00

8. Name and Address of Current Registered Agent

LIVOTI, ANTHONY M JR.
605 E. BROWARD BLVD.
SUITE 200
FORT LAUDERDALE FL 33301

9. Name and Address of New Registered Agent

Name: ANTHONY M. LIVOTI JR.
Street Address (P.O. Box Number is Not Acceptable): 724 N.E. 3 Ave
Suite, Apt. #, Etc.:
City: FT LAUD | State: FL | Zip Code: 33304

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: [signature] FILED
REGISTERED AGENT MUST SIGN
Date: 11/20/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [signature] STEPHEN WHITNEY ED PRESIDENT 11/20/96 9547638449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E060 (8/96)