

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 DEC 19 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000072341**

1. Corporation Name
RAYVEL INC.

Principal Place of Business

~~2007 NW 141ST ST~~
OPA LOCKA FL 33054

Mailing Address

~~2007 NW 141ST ST~~
OPA LOCKA FL 33054

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

2. New Principal Office Address, If Applicable

2035 NW 141st Street

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

2035 NW 141st Street

Suite, Apt. #, etc.

City & State

Opa-Locka, FL

City & State

Opa-Locka, FL

Zip **33054-4136**

Country **USA**

Zip **33054-4136**

Country **USA**

4. Date Incorporated or Qualified

To Do Business in Florida

10/03/1994

5. FEI Number

65-0529386

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PS	RAYMOND, IAN	2007 NW 141ST ST 15310 SW 51st Street	MIRAMAR FL
VT	VELAZQUEZ, CARLOS A	7110 SW 13TH TER	MIAMI FL

900002039239--5
-12/27/96--01054--014
\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

10/31/96

8. Name and Address of Current Registered Agent

VELAZQUEZ, CARLOS A
~~2007 NW 141ST ST~~
OPA LOCKA FL 33054

9. Name and Address of New Registered Agent

Name

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

2035 NW 141st Street

Suite, Apt. #, Etc.

City

Opa-Locka

State

FL

Zip Code

33054-4136

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]

REGISTERED AGENT MUST SIGN

Date **10/31/96**

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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARLOS VELAZQUEZ

10/31/96

Date

Daytime Phone #