

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

12 JAN 13 PM 2:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Corporation Name

RAMIREZ INC

P95000048992

2. Principal Office Address - No P.O. Box #

1237 Park Ave

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

ORANGE PARK FL

City & State

Zip

Country

32073

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

6/19/1995

5. FEI Number

59332824

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

PEDRO RAMIREZ

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

1237 PARK AVE

Suite, Apt. #, Etc.

City

ORANGE PARK

State

FL

Zip Code

32073

900218284639  
01/13/12--01003--002 \*\*1397.75

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 1/13/12

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

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| P      | PEDRO RAMIREZ                        | 1237 PARK AVE                                     | O/P 32073          |
| D      | MELANIE RAMIREZ                      | 50MP AERBOLP                                      | 50MP               |
| D      | DANIEL RAMIREZ                       | 50MP AS AS AB                                     | 50MP               |
| D      | LUS ANGELE                           | 50MP AS AB  | 50MP               |

10. E-mail Address:

PEDRO RAMIREZ1958@YAHOO.COM

(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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #