

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000048992**

1. Corporation Name

RAMIREZ, INC.

NEW ADDRESS

FILED

03 OCT 29 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2177 KINGSLEY AVE. #13
ORANGE PARK FL 32073

Ramirez Restaurant
1237 Park Ave.
Orange Park, FL 32073



REINSTATEMENT

03

300x

If above addresses are incorrect in ar

2. New Principal Office Address, If Ap

ad or Qualified
in Florida

06/19/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3322824

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	4 City / State / Zip
D	RAMIREZ, PEDRO A	679 MANTINIQUE CT.	ORANGE PARK FL 32073
D	RAMIREZ, MERCEDES	679 MANTINIQUE CT.	ORANGE PARK FL 32073
D	RAMIREZ, DALMACIO	679 MARTINIQUE CT	ORANGE PARK FL
D	RAMIREZ, ANGELA	679 MARTINIQUE CT	ORANGE PARK FL

000024260210
10/29/03--01071--014 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RAMIREZ, PEDRO A
679 MARTINIQUE CT.
ORANGE PARK FL 32073

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/23/03

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., 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:

PEDRO A. RAMIREZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/23/03 (904) 278 9040

CR2E040 (7/03)

DATE: 10/25/03

FROM: RAMIREZ INC

TO: DIVISION CORPORATIONS

SUBJ: REINSTATEMENT FEES WAIVE.

I. RESPECTFULLY REQUEST TO HAVE THE CORPORATION'S FEES ~~REINSTATEMENT~~ WAIVE. THE REASON FOR REQUESTING FEES IS BECAUSE THIS CORPORATION WAS MOVED TO 1237 PARK AV. ORANGE PARK FL 32073 AND I NEVER GOT MY ANNUAL RENEW FORMS TO THE NEW ADDRESS, THIS CHANGE WAS MADE BACK IN OCT-2002 AND THE CHANGE WAS SUBMITTED, IT PROBABLY GOT LOST SOMEWHERE AND THE APPLICATION FOR MY ANNUAL RENEW WAS NEVER TURNED IN TO ME FROM THE ORIGINAL PLACE IN KINGSLEY AL. PLEASE TAKE THIS IN CONSIDERATION
THANK YOU.

P.S. IF YOU HAVE ANY QUESTION, PLEASE
ME PEDRO A. RAMIREZ (904) 278-9040
Pedro A. Ramirez