

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

98 SEP 30 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000051175

1. Corporation Name

Rastaron, Inc.

Principal Place of Business

1395 NW 15th St
Miami, FL 33125

Mailing Address

1395 NW 15th St.
Miami, FL 33125

REINSTATEMENT

97-98

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

6/30/95

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0644343

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	Julio Gutierrez	1395 NW 15th St.	Miami, FL 33125
STD	Julio Gutierrez	1395 NW 15th St	Miami, FL 33125
VP D	Carey Chen	1395 NW 15th St	Miami, FL 33125

9000002658689-2
--10/08/98--
900.00

8. Name and Address of Current Registered Agent

Jason Gray
1395 NW 15th St
Miami, FL 33125

9. Name and Address of New Registered Agent

Name Julio Gutierrez
Street Address (P.O. Box Number is Not Acceptable)
1395 NW 15th St
Suite, Apt. #, Etc.
City MIAMI State FL Zip Code 33125

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

REGISTERED AGENT MUST SIGN

Date

9/22/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Julio Gutierrez

Date

Daytime Phone #

9/22/98 (305) 325 8600

CR20040 (1-98)