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SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 DEC 27 PM 4:11

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000067623

1. Corporation Name
Raysa D.M.E. Corp.

Principal Place of Business	Mailing Address
10175.W.67 Ave Miami, FL. 33144	10175.W.67 Avenue Miami, FL. 33144

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

REINSTATEMENT 99

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
175 fountainbleau Blvd.	175 fountainbleau Blvd.
Suite, Apt. #, etc. Ste 2K-7	Suite, Apt. #, etc. Ste 2K-7
City & State Miami, FL. 33172	City & State Miami, FL. 33172
Zip 33172	Country U.S.A
Zip 33172	Country U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: 8/21/1995

5. FEI Number: 65-0603877 ☐ 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)

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
PTSD.	Raxys Parjus	12345.S.W. 185T. Apt 309	Miami, FL. 33175

12/27

8. Name and Address of Current Registered Agent

Raxys Parjus
12345SW 185T. Apt. 309
Miami, FL. 33175

9. Name and Address of New Registered Agent

Name: Save
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.

Signature of Registered Agent: X _____ Date: _____
REGISTERED AGENT MUST SIGN

11. This corporation owes 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: X _____ 12/23/99 (305)992-8384
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E041 (1/96)

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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To:
Division of Corporations
Fax Number : (850)922-4004

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

RAYSA D.M.E. CORP.

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