

APPLICATION
FOR REINSTATEMENT



Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000012043

1. Corporation Name

R.A. MICROJETS, INC.

Principal Place of Business

Mailing Address

9240 SUNSET DRIVE
SUITE 115
MIAMI FL 33173

9240 SUNSET DRIVE
SUITE 115
MIAMI FL 33173

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

8222 NW S. River V
Suite, Apt. #, etc.

8222 NW S. River Dr.
Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

02/07/1996

5. FEI Number

Applied For	
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65-0690874

Not Applicable

City & State Medley, FL
Zip 33166 Country USA

City & State Medley FL
Zip 33166 Country USA

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
PD	GONZALEZ, REINOL A	9240 SUNSET DRIVE 5572 SW 114 Ave	MIAMI FL 33173 Cooper City FL 33332
VD	ARAUJO, ALBERTO F	9240 SUNSET DRIVE 3350 SW 139 Ave	MIAMI FL 33173 Miramar, FL 33027
TD	GONZALEZ, ANA M	9240 SUNSET DRIVE 3350 SW 139 Ave	MIAMI FL 33173 Miramar, FL 33027
			100003169531--4 -03/14/00--01108--010 ****900.00 ****900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ARAUJO, ALBERTO F
9240 SUNSET DRIVE
SUITE 115
MIAMI FL 33173

Name Araujo, Albert F
Street Address (P.O. Box Number is Not Acceptable)
3350 SW 139 Ave
Suite, Apt. #, Etc.
~~22~~
City Miramar State FL

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 REQUIRED
REGISTERED AGENT MUST SIGN

Date ~~3058~~ 1/14/2000

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/2000 305 863-1970
Date Daytime Phone #

0039257 AF