

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

02 NOV 13 PM 5:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000018959

1. Corporation Name

RAVINE RX, INC.

REINSTATEMENT 02

2. Principal Office Address

2801 Ponce de Leon BLVD

Suite, Apt. #, etc.

Suite 1060

City & State

Coral Gables FL

Zip

33134

Country

USA

3. Mailing Office Address

2801 Ponce de Leon BLVD

Suite, Apt. #, etc.

Suite 1060

City & State

Coral Gables FL

Zip

33134

Country

USA

700008972757

11/13/02--01063--028 **750.00

4. Date Incorporated or Qualified
To Do Business in Florida

03/01/1996

5. FEI Number

65-0645597

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

Miguel Huertas

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

2801 Ponce de Leon BLVD

Suite, Apt. #, Etc.

Suite 1060

City

Coral Gables

State

FL

Zip Code

33134

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 11-11-02

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Rafael Perez	5175 SW 62 Ave	Miami, FL, 33155
V	Silvia G Silveira	6301 SW 50 TERR	Miami, FL, 33155
V	Miguel Huertas	2801 Ponce de Leon BLVD	Coral Gables, FL, 33134

10. 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/11/02

Date

305-448-2704

Daytime Phone #

CR2E081 (9/01)