PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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DOCUMENT # P96000065110

1. Corporation Name

RASSAEL, INC.

REINSTATEMENT 2001 2002

2. Principal Office Address	3. Mailing Office Address
1643 Brickell Avenue	920 Broadmoor
Suite, Apt. #, etc.: Suite 801	Suite, Apt. #, etc.:
City & State: Miami, Florida	City & State: El Paso, Texas
Zip: 33129 Country: USA	Zip: 79912 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 8/5/1996

5. FEI Number: 65-0688385 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑

7. Name and Address of Current Registered Agent

Name: Capitol Corporate Services, Inc.

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Street Address (P.O. Box Number is Not Acceptable): 1333 North Duval Street

Suite, Apt. #, Etc.:

City: Tallahassee State: FL Zip Code: 32303

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: Dllanie Case asst sec. Date: 7-15-02
REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres. Sec./ Treas./ and Sole Director	Michelle Assael	920 Broadmoor El Paso, Texas 79912	

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 new officers listed on this form do not qualify for an exemption under section 119.07(4)(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] Michelle Assael, Pres. 7/12/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #