

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

99 DEC 13 AM 9:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000091985**

1. Corporation Name

**RAMM CONCEPTS, INC.**

Principal Place of Business

Mailing Address

~~1320 S DIXIE HWY WEST  
POMPANO BEACH FL 33060~~

~~1320 S DIXIE HWY WEST  
POMPANO BEACH FL 33060~~

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

~~318 Indian Trace~~

~~318 Indian Trace~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

~~PMB 453~~

~~PMB 453~~

City & State

City & State

~~Weston~~

~~Weston~~

Zip

Zip

~~33326~~

~~33326~~

Country

Country

**REINSTATEMENT**

**99**

4. Date Incorporated or Qualified  
To Do Business in Florida

10/27/1997

5. FEI Number

65-0789670

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75: 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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<del>PTD</del>	<del>MILANO, THOMAS J</del> <b>Delete</b>	<del>1320 S DIXIE HWY WEST</del>	<del>POMPANO BEACH FL 33060</del>
<del>VS8</del> <del>PID</del>	<del>WALLACE, REED</del>	<del>1320 S DIXIE HWY WEST</del> <b>318 Indian Trace</b>	<del>POMPANO BEACH FL 33060</del>
			<b>400003079364--6</b>
			<b>-12/23/99--01050--024</b>
			<b>****750.00 ****750.00</b>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~AMERILAWYER  
643 ALMERIA AVENUE  
CORAL GABLES FL 33194~~

Name **Reed Wallace**  
Street Address (P.O. Box Number is Not Acceptable)  
**318 Indian Trace**  
Suite, Apt. #, Etc.  
**PMB 453**  
City  
**Weston**

State  
**FL**

Zip Code  
**33326**

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

**Reed Wallace**

REGISTERED AGENT MUST SIGN

Date **12-01-99**

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:

**Reed Wallace**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**12-01-99 (954) 557-3737**  
Date Daytime Phone #

**KE**