PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 15 PM 4: 46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000022344

1. Corporation Name
Ramani, Inc.

2. Principal Office Address
12935 Persimmon Blvd

Suite, Apt. #, etc.

City & State
West Palm Bch, FL

Zip 33411 | Country U.S.A.

3. Mailing Office Address
12935 Persimmon Blvd

Suite, Apt. #, etc.

City & State
West Palm Bch, FL.

Zip 33411 | Country U.S.A.

7000 2426 0657
10/29/03--01069--016 **300.00

4. Date Incorporated or Qualified To Do Business in Florida 3-9-98

5. FEI Number 650820262 | 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 Robert Marti Pastor

Street Address (P.O. Box Number is Not Acceptable)
12935 Persimmon Blvd.

Suite, Apt. #, Etc.

City West Palm Beach | State FL | Zip Code 33411

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 _____ Date 10/10/03

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
Pres.	Robert M. Pastor	12935 Persimmon Blvd	West Palm Bch, FL 33411

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: _____ 10/10/03 561-662-8599

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #