

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

00 MAR 13 PM 3:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

P98000033550

**1. Corporation Name**

RY SERVICES CORPORATION

**2. Principal Office Address**

301 Buenaventura Blvd.

**3. Mailing Office Address**

2351 N. Cheryl Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Kissimmee, FL 34743

Kissimmee, FL 34744

Zip

Country

Zip

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

04/10/98

**SP**

**5. FEI Number**

☒ 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

Ramonita Santiago

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

2351 N. Cheryl Court

Suite, Apt. #, Etc.

City

Kissimmee, FL

State

FL

Zip Code

34744

500003181205-5

03/23/00-01019-002

\*\*\*\*900.00 \*\*\*\*900.00

CR2E081 (9/99)

**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

*Ramonita Santiago*  
REGISTERED AGENT MUST SIGN

Date 02/20/00

**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
P-D	Ramonita Santiago	2351 N. Cheryl Court	Kissimmee, FL 34744

**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:**

*Ramonita Santiago*

Ramonita Santiago 2/20/00 407 344-7575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #