


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<div style="display: flex; align-items: center; justify-content: center;"><div style="text-align: center;"><p>CORPORATION REINSTATEMENT</p></div><div style="margin-left: 20px;"><p>FLORIDA DEPARTMENT OF STATE</p><p>Katherine Harris Secretary of State</p><p>DIVISION OF CORPORATIONS</p></div></div>		<p>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS</p> <p>00 NOV 17 AM 11:32</p>																													
<p>DOCUMENT # 98000079523</p> <p>1. Corporation Name R.A.M. SOLUTIONS, INC.</p>																															
<p>2. Principal Office Address</p> <p>3956 W. HILLSBOROUGH AVE.</p> <p>Suite, Apt. #, etc.</p> <p>City & State TAMPA FL</p> <p>Zip 33614 Country HILLSBOROUGH</p>		<p>3. Mailing Office Address</p> <p>REINSTATEMENT 00</p> <p>Suite, Apt. #, etc.</p> <p>City & State</p> <p>Zip Country</p>																													
		<p>4. Date Incorporated or Qualified To Do Business in Florida 8-98</p> <p>5. FEI Number 59-3530025 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/></p> <p>6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status</p>																													
<p>7. Name and Address of Current Registered Agent</p> <p>Name CHRISTINA MESSINEO</p> <p>Street Address (P.O. Box Number is Not Acceptable) 5204 CARROLLWOOD MEADOWS DR.</p> <p>Suite, Apt. #, Etc.</p> <p>City TAMPA State FL Zip Code 33625</p>																															
<p>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.</p> <p>Signature of Registered Agent <i>Christina Messineo</i> Date _____</p> <p style="text-align: center;">REGISTERED AGENT MUST SIGN</p>																															
<p>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p> <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 10%;">Titles</th><th style="width: 30%;">Name of Officers and/or Directors</th><th style="width: 30%;">Street Address of Each Officer and/or Director</th><th style="width: 30%;">City / State / Zip</th></tr></thead><tbody><tr><td>PRES.</td><td>CHRISTINA MESSINEO</td><td>5204 CARROLLWOOD MEADOWS DR</td><td>TAMPA FL 33625</td></tr><tr><td>CEO</td><td>ROBERT MESSINEO</td><td>5204 CARROLLWOOD MEADOWS DR</td><td>TAMPA FL 33625</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table> <p style="text-align: right; margin-top: 10px;">AD</p>				Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	PRES.	CHRISTINA MESSINEO	5204 CARROLLWOOD MEADOWS DR	TAMPA FL 33625	CEO	ROBERT MESSINEO	5204 CARROLLWOOD MEADOWS DR	TAMPA FL 33625																
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip																												
PRES.	CHRISTINA MESSINEO	5204 CARROLLWOOD MEADOWS DR	TAMPA FL 33625																												
CEO	ROBERT MESSINEO	5204 CARROLLWOOD MEADOWS DR	TAMPA FL 33625																												
<p>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.</p> <p>SIGNATURE: <i>Christina Messineo</i> Date 11/10/00 Daytime Phone # 813 963-3245</p> <p style="text-align: center; font-size: small;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</p>																															

CR2E081 (9/99)