PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED

FILED

07 JAN 11 PM 01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700084725277
01/17/07--01012--023 **500.00

REINSTATEMENT
CR2E081 (8/05) 1999-2007

DOCUMENT # P98000082954

1. Corporation Name RAINOL, CORPORATION

2. Principal Office Address 13876 SW 56TH	3. Mailing Office Address 13876 SW 56TH STREE	
Suite, Apt. #, etc. SUITE-111	Suite, Apt. #, etc. SUITE-111	4. Date Incorporated or Qualified To Do Business in Florida 09/23/1998
City & State MIAMI F.L	City & State MIAMI F.L	5. FEI Number 65-0864067 ☐ Applied For ☐ Not Applicable
Zip 33175	Country USA	Zip 33175	Country USA	6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name JULIO A. GALVEZ

Street Address (P.O. Box Number is Not Acceptable). 13876 SW 56 ST

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01/17/07--01012--020 **300.00

Suite, Apt. #, Etc. SUITE-111

City MIAMI   State FL   Zip Code 33175

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent X _Julio Galvez_
REGISTERED AGENT MUST SIGN

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Date

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	JULIO A. GALVEZ	13876 SW 56TH STREE	MIAMI F.L 33175
			700084725277 01/17/07--01012--022 **500.00

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: X _Julio Galvez_   01/10/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #