

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 FEB 15 PM 2:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **998000086194**

1. Corporation Name

RAICES INVESTMENT CORP.

**REINSTATEMENT 03-04**

**200028783442**  
02/16/04--01019--017 \*\*308.75

2. Principal Office Address  
1160 NW 159th Drive

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Miami, Florida

City & State

Zip  
33169

Country  
USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number  
650891732

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  
JAMES R.C.DICKEY

Street Address (P.O. Box Number is Not Acceptable)  
1160 NW 159th Drive

Suite, Apt. #, Etc.

City  
Miami

State  
FL

Zip Code  
33169

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

REGISTERED AGENT MUST SIGN

Date

2/4/04

**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.	Joel Esquenazi	1160 NW 159th Drive	Miami, Florida 33169
VP	Carlos A. Rodriguez	1160 NW 159th Drive	Miami, Florida 33169

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**CARLOS A. RODRIGUEZ**

Date

2/4/04

Daytime Phone #

305.714.2480

CR2E081 (01/04)

LAW OFFICES  
**JAMES R. C. DICKEY**  
1160 N.W. 159TH DRIVE  
MIAMI, FLORIDA 33131

TELEPHONE (305) 577-9700  
TELECOPIER (305) 577-9774

February 4, 2004  
By Telecopy (305) 576-3398 and First Class Mail

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Request for Waiver of Reinstatement Fee – Raices Investment Corp.

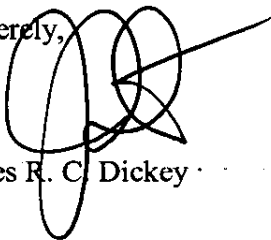
Ladies/Gentlemen:

I enclose a completed Corporate Reinstatement Form, together with a check in the amount of \$308.75 (two years' annual fees and for a certificate of status) and request that Raices Investment Corp. be reinstated.

Raices Investment Corp. advises me that they moved offices and apparently did not receive the annual report form.

Should you have any questions, you may reach me at the above numbers Monday-Friday between 9:00 AM and 5:00 PM.

Sincerely,



James R. C. Dickey

cc: Mr. Joel Esquenazi