## 2007 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P98000106236

Entity Name: RAHWAY GROUP, INC.

FILED Nov 02, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

1221 BRICKELL AVENUE 60 EDGEWATER DRIVE, #8C C/O PAUL BERKOWITZ C/O PAUL BERKOWITZ MIAMI, FL 33131 CORAL GABLES, FL 33133

**Current Mailing Address:** New Mailing Address:

1221 BRICKELL AVENUE 60 EDGEWATER DRIVE, #8C C/O PAUL BERKOWITZ C/O PAUL BERKOWITZ MIAMI, F 33131 CORAL GABLES, F 33133

FEI Number: 65-1048352 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

BERKOWITZ, PAUL BERKOWITZ, PAUL 1221 BRICKELL AVENUE 60 EDGEWATER DRIVE C/O GREENBERG TRAURIG MIAMI, FL 33131 US CORAL GABLES, FL 33133 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: PAUL BERKOWITZ 11/02/2007

> Electronic Signature of Registered Agent Date

> > Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: () Delete HARRIS, HAROLD D Name: 9264 VISTA DEL LAGO Address:

City-St-Zip:

City-St-Zip:

Title: DVS () Delete

BOCA RATON, FL 33428

SPRINGFIELD, NJ 07081

BERKOWITZ, MAUREEN H Name: 10145 SW 71 AVE Address: PINECREST, FL 33156 City-St-Zip:

Title: DT () Delete HARRIS, M JOEL Name: 33 CHRISTY LANE Address:

Title: DVS (X) Change ( ) Addition Name: BERKOWITZ, MAUREEN H 60 EDGEWATER DRIVE, #8C Address: CORAL GABLES, FL 33133 City-St-Zip:

HARRIS, HAROLD D

BOCA RATON, FL 33433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

22603 CAMINO DEL MAR, APT 1101

(X) Change ( ) Addition

Title: () Change () Addition Name: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAROLD HARRIS PD 11/02/2007