


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P99000009558

1. Corporation Name

RAUL RUISANCHEZ SHOP INC.

Principal Place of Business

Mailing Address

1335 EAST 10TH AVENUE  
HIALEAH FL 33010

1335 EAST 10TH AVENUE  
HIALEAH FL 33010

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/25/1999

5. FEI Number

65-0895804

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	RUISANCHEZ, CIRA	799 EAST 47TH STREET	HIALEAH FL 33013
D	RUISANCHEZ, DANIEL	799 EAST 47TH STREET	HIALEAH FL 33013
D	VEGA, CIRA	19418 NORTHWEST 83RD PLACE	MIAMI FL 33015

8. Name and Address of Current Registered Agent

VEGA, CIRA  
19418 NORTH WEST 83RD PLACE  
MIAMI FL 33015

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

 SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10. 11.00

11. 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Daniel Ruisanchez 10. 11.00 (305) 888-4341



05-22-00 90070 010 \$150

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 16 PH 3:56

CR2E040 (9/00)



Raul Ruisanchez Shop, Inc.  
1335 East 10<sup>th</sup> Avenue  
Hialeah, Florida 33010  
Tel: (305)888-4341  
Fax: (305)887-4990

TO Whom This May Concern:

I'm send this letter  
Because I DID not receive  
The letter in June I have  
already and payed for  
the Reinstatement and  
you were missing the  
FEI number; I fill it in

Thank you;

City

CIBA Vega