

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS

03 MAR 11 AM 10:19

DOCUMENT # 099000013731

1. Corporation Name

R.A.S. STOREFRONTS INC.

2. Principal Office Address

9370 NW 37 MANOR

Suite, Apt. #, etc.

City & State

SUNRISE, FL

Zip

33351

Country

USA

3. Mailing Office Address

9370 NW 37 MANOR

Suite, Apt. #, etc.

City & State

SUNRISE, FL

Zip

33351

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2/1/1999

5. FEI Number

65-0896166

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

ANTONIO BURROWS

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

9370 NW 37 MANOR

Suite, Apt. #, Etc.

City

SUNRISE

State

FL

Zip Code

33351

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

Date 2/6/03

REGISTERED AGENT MUST SIGN

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	ANTONIO BURROWS	9370 NW 37 MANOR	SUNRISE, FL 33351

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

6/6/03

Date

954-520-0615

Daytime Phone #

CR2E081 (10/02)

R.A.S. STOREFRONTS INC.

9370 NW 37 Manor

Sunrise, FL 33351

March 6, 2003

Department of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 6327
Tallahassee, FL 32314

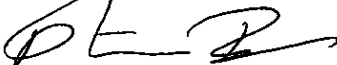
Re: R.A.S. Storefronts, Inc
EIN 65-0896166

To Whom It May Concern:

It was recently brought to our attention by our accountant that R.A.S. Storefronts, Inc has been administratively dissolved for failure to file the annual Uniform Business Report. We were unaware that these reports needed to be filed. We did not receive any notices because we moved our corporate offices a few months after our incorporation and the new tenants failed to forward this information to us. Therefore, we respectfully request the waiver of all interest and penalties. Please accept the enclosed check in the amount of \$608.75. The additional \$8.75 is for the certificate of status. We do not understand why we did not receive any of the notices that were sent to us.

Thank you for your consideration in this matter.

Sincerely,



Antonio Burrows
President