

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

02 JUL 29 AM 11:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P99000025347

**1. Corporation Name**

Ron Int'l Investments Inc.

600006848236--7  
-08/01/02--01020--018  
\*\*\*1050.00 \*\*\*1050.00

**2. Principal Office Address**

5825 NW 42 Terrace

Suite, Apt. #, etc.

City & State

Boca Raton, Florida

Zip

33496

Country

USA

**3. Mailing Office Address**

c/o Adolfo Ron CCS13067

Suite, Apt. #, etc.

PO Box 025323

City & State

Miami, Florida

Zip

33102

Country

USA

**REINSTATEMENT** 00-02

**4. Date Incorporated or Qualified  
To Do Business in Florida**

3/15/99

**5. FEI Number** 52-2175744

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

Cesar Gomez

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

260 Crandon Blvd. #14

Suite, Apt. #, Etc.

14

City

Key Biscayne

State

FL

Zip Code

33149

**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 7/17/02

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/D	Adolfo Ron De La Rica	5825 NW 42 Terrace	Boca Raton, Florida 33496

**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

7/17/02

Date

(561)989-0287

Daytime Phone #

CR2E081 (9/01)

95 7/30/02