

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JUN 25 AM 9:29

DOCUMENT # P99000043202

1. Entity Name
RAOUF, INC.



Principal Place of Business
901 E 10TH AVENUE
HIALEAH, FL 33010

Mailing Address
901 E 10TH AVENUE
SUITE 423
HIALEAH, FL 33010

REINSTATEMENT 66-07



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

2124 SW 185 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04202007 REIN-P CR2E098 (1/07)

City & State

City & State Miramar, FL

4. FEI Number
65-0936220

Applied For
Not Applicable

Zip

Country

Zip

Country

33029

U.S.A.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARRERA, JUAN M ESQ.
901 E 10TH AVENUE #14
HIALEAH, FL 33014

Name Wagas Malik

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

2124 SW 185 Avenue

City Miramar

FL

Zip Code

33029

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

04-20-07

~~FILE NOW!!! FEE IS \$300.00~~

In accordance with s. 607.192(3)(b), P.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME BORREO, MARTHA
STREET ADDRESS 3520 SW 88TH COURT
CITY-ST-ZIP MIAMI, FL 33165

TITLE VP
NAME Wagas Malik
STREET ADDRESS 2124 SW 185 Ave
CITY-ST-ZIP Miramar, FL 33029

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-20-07