

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -6 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000055224

1. Corporation Name

RAM STRATEGIES, INC.

2. Principal Office Address

80 S.W. 8TH STREET

Suite, Apt. #, etc.

SUITE 2000

City & State

MIAMI, FLORIDA

Zip

33130

Country

3. Mailing Office Address

80 S.W. 8TH STREET

Suite, Apt. #, etc.

SUITE 2000

City & State

MIAMI, FLORIDA

Zip

33130

Country

**4. Date Incorporated or Qualified
To Do Business in Florida** 06/17/1999

5. FEI Number
65-0931516

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

VIDAURRETA, AUGUSTO L

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

80 S.W. 8TH STREET

Suite, Apt. #, Etc.

SUITE 2000

City

MIAMI

State
FL

Zip Code
33130

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

Augusto L. Vidaurrета

Date

4/29/04

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
DP	RICHARDSON, THOMAS GRAHAM	80 S.W. 8TH STREET, SUITE 2000	MIAMI, FLORIDA 33130
VT	VIDAURRETA, AUGUSTO L	80 S.W. 8TH STREET, SUITE 2000	MIAMI, FLORIDA 33130

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:

Augusto L. Vidaurrета

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/29/04

Daytime Phone #

CR2E001 (01/04)