

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JAN -2 PM 2:00

DOCUMENT # P99000074441

1. Corporation Name

RAL CONSULTANTS INC.

Principal Place of Business

2331 NORTHWEST 103 AVENUE
PEMBROKE PINES FL 33026

Mailing Address

2331 NORTHWEST 103 AVENUE
PEMBROKE PINES FL 33026



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

4. Date Incorporated or Qualified
To Do Business in Florida

08/20/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

05 0943682

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	RECIO, LOUISE	2331 NORTHWEST 103 AVENUE	PEMBROKE PINES FL 33026
VD	RECIO, ALEJANDRO	2331 NORTHWEST 103 AVENUE	PEMBROKE PINES FL 33026

500003524555--9
-01/05/01--01024--007
****300.00 ****300.00

12/12

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RECIO, LOUISE
2331 NORTHWEST 103 AVENUE
PEMBROKE PINES FL 33026

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

Nov 25, 2000

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LOUISE RECIO

Date

12-18-00

Daytime Phone #

CR2E040 (8/00)

2062

November 16, 2000


Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Ref: RAL Consultants, Inc.
Reinstatement of Corporation

Enclosed, please find application of reinstatement for RAL Consultants, Inc., together with my check for \$ 300.00 payable to Secretary of State.

I never received the original form, nor was I aware that it had to be filed, since this was the first year of Incorporation.

Sincerely,


Louise Recio
President