

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P99000074441

1. Corporation Name

RAL CONSULTANTS INC.

Principal Place of Business

Mailing Address

2331 NORTHWEST 103 AVENUE
PEMBROKE PINES FL 330262331 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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

03

4. Date Incorporated or Qualified
To Do Business in Florida

08/20/1999

MRD

5. FEI Number

65-0943682

Applied For

Not Applicable

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
PD	RECIO, LOUISE	2331 NORTHWEST 103 AVENUE	PEMBROKE PINES FL 33026

900024604279
11/12/03--01016--005 **150.00

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

Zip Code

FL

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. or 617.0505, F.S.

Signature of
Registered Agent

Louise Recio

REGISTERED AGENT MUST SIGN

Date

11-24-03

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.

TAXPAYER'S COPY

SIGNATURE:

Louise Recio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

11-24-03

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October 14, 2003

Florida Department of State
5050 W Tennessee Street
Tallahassee, FL 32399

Ref: RAL Consultants, Inc.
FEI Number: 65-0943682
UBR = 2003

The reason for not filing our annual UBR Report is because I never received the preprinted report from the State of Florida.

Please accept my check in the amount of \$ 150.00 together with my report.

Sincerely,

Louise Recio
President

TAXPAYER'S COPY