

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 AUG 30, AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PP01000078425**

1. Corporation Name

RAZU INVESTMENT, INC

2. Principal Office Address:

13951 SW 66 STEET

3. Mailing Office Address

13951 SW 66 STREET

Suite, Apt. #, etc.

403-A

Suite, Apt. #, etc.

403-A

City & State

Miami, FL

City & State

Miami, FL

Zip

33183

Country

DADE

Zip

33183

Country

DADE

4. Date Incorporated or Qualified
To Do Business in Florida

09/02/1999.

5. FEI Number

65-0947349.

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

HECTOR G. RAMOS

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

13951 SW 66 STREET # 403-A

Suite, Apt. #, Etc.

403-A

City

MIAMI

State

FL

Zip Code

33183

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

[Handwritten Signature]
REGISTERED AGENT MUST SIGN

Date August 26, 2002

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
D	Ivan Ramos	13951 SW 66 ST # 403-A	Miami, FL 33183
D	Nora Ramos	13951 SW 66 ST # 403-A	Miami, FL 33183

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:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

08/26/02

(305) 970-3129
Daytime Phone #

CR2E081 (9/01)