

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Ag 1 of 2

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV -3 PM 12:37

DOCUMENT # S32426

1. Corporation Name

RAISA CONSTRUCTION CORP.

Principal Place of Business

Mailing Address

2213 S.W. 58TH COURT
MIAMI FL 33155

2213 S.W. 58TH COURT
MIAMI FL 33155



09/14/99 90003 047 150.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

7. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/18/1991	
City & State		City & State		5. FEI Number	
Zip		Country		65-0238372	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$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
VP	RAMIREZ, ROBERTO	2213 S.W. 58TH COURT	MIAMI FL 33155
DPST	RAMIREZ, ROBERTO	2213 S.W. 58TH COURT	MIAMI FL 33155

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FERNANDEZ, RAUL
2213 S.W. 58TH COURT
MIAMI FL 33155

Name: ROBERTO RAMIREZ
Street Address (P.O. Box Number is Not Acceptable): 2213 S.W. 58 CT
Suite, Apt. #, Etc.:
City: MIAMI State: FL Zip Code: 33155

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] REGISTERED AGENT MUST SIGN Date: 10/19/99

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] REQUIRED Date: 10/19/99 Daytime Phone #: 305 216 4818

CR25040 (8/99)

AD

To: Dept of Corps
From: RAISA Construction Corp
ROBERTO RAMIREZ (305 216 4818
305 266 6717

To: whom it may concern:

I did not rec. Sept mailing
For Corrections Allentax
Paid 150.00 For Renewal
Also I did not receive
1st Notice.

Thank
Rallotley