2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# V21931

Address:

City-St-Zip:

620 S.R. 542

DUNDEE, FL

FILED Jan 09, 2006 Secretary of State

| Entity Nar | ne: RAMC | O-U.S.A., INC. | | | | | |
|--|---------------------------|--|---------------------------|---|-------------------|--|--|
| Current Principal Place of Business: | | | | New Principal Place of Business: | | | |
| 620 S.R. 54 SUITE B DUNDEE, | | US | | 620 DUNDE DUNDEE, F | | US | |
| Current Mailing Address: | | | | New Mailing Address: | | | |
| 620 S.R. 54 SUITE B DUNDEE, | | US | | 620 DUNDE DUNDEE, F | | US | |
| FEI Number: | 59-3136550 | FEI Number Applie | ed For () FEI Nur | nber Not Appli | cable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | | Name and Address of New Registered Agent: | | | |
| MANN, JOHN L. 105 SO FLORIDA AVE. THIRD FLOOR-MCKLUG BUILDING LAKELAND, FL 33838 US | | | | MANN, JOHN L. 500 FLORIDA AVE. SUITE 300 LAKELAND, FL 33838 US | | | |
| The above in the State | | ty submits this statem | nent for the purpose o | of changing it | s registered | d office or registered agent, or both, | |
| SIGNATURE: JOHN MANN | | | | | | 01/09/2006 | |
| | Electr | onic Signature of Re | gistered Agent | | | Date | |
| | | .193(2)(b), F.S., the corp ing Trust Fund Contribu | oration did not receive t | the prior notice | . | | |
| OFFICERS AND DIRECTORS: | | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | | |
| Title: Name: Address: City-St-Zip: | MITCHELL, I 343 HAMILT | () Delete LARRY ON SHORE DRIVE VEN, FL 33881 | | Title: Name: Address: City-St-Zip: | | ()Change ()Addition | |
| Title: Name: Address: City-St-Zip: | FONTAINE, I 50 LAKE HO | | | Title: Name: Address: City-St-Zip: | | () Change () Addition | |
| Title: Name: | V/D KEEN, LARF | ()Delete RY | | Title: Name: | V/D KEEN, LARR | (X) Change ()Addition Y | |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

620 DUNDEE ROAD

DUNDEE, FL

SIGNATURE: LARRY MITCHELL Ρ 01/09/2006