

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 DEC -2 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500138372419
12/02/08--01024--001 **\$300.00

DOCUMENT # **V21931**

1. Corporation Name **Ramco USA, Inc.**
223 EAST LAKE AVENUE
SUITE A
Auburndale, Florida 33823

2. Principal Office Address - No P.O. Box #
223 EAST LAKE AVE

Suite, Apt. #, etc.

SUITE A

City & State
Auburndale Florida

Zip **33823** Country **USA**

3. Mailing Office Address
SAME

Suite, Apt. #, etc.

SAME

City & State
SAME

Zip **33823** Country **USA**

REINSTATEMENT 07-08
CR2E081 (10/08)

4. Date Incorporated or Qualified
To Do Business in Florida **3/16/1992**

5. FEI Number
39 313 6550

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
LARRY MITCHELL

Street Address (P.O. Box Number is Not Acceptable)
223 EAST LAKE AVE

Suite, Apt. #, Etc.
SUITE B

City **Auburndale,** State **FL** Zip Code **33823**

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date **12/2/08**

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
P	LARRY MITCHELL	343 HAMMILL SHORE DRIVE	WINTER HAVEN FL 33881
ST	MICHAEL FONTAINE	50 LAKE HOWARD DRIVE	WINTER HAVEN FL 33880
D	LARRY KEEN	141 PALO DE ORO	ISLANDORADA, FL 33036

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 contained in Chapter 119, 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

12/01/08

Date

551-1079
863-0000 EXT 105

Daytime Phone #

12/3