

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1022

APPLICATION
FOR
~~REINSTATEMENT~~



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

FILED

02 OCT 24 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F99000005682**

1. Corporation Name

THE RAFFENSPERGER CORPORATION

Principal Place of Business

Mailing Address

10335 BELLADRUM
ALPHARETTA GA 30022

10335 BELLADRUM
ALPHARETTA GA 30022

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

2. New Principal Office Address, If Applicable
N/A

3. New Mailing Office Address, If Applicable
N/A

4. Date Incorporated or Qualified
To Do Business in Florida

11/02/1999

Suite, Apt. #, etc.
N/A

Suite, Apt. #, etc.
N/A

5. FEI Number

58-1601002

Applied For

City & State
N/A

City & State
N/A

Not Applicable

Zip
N/A

Country
N/A

Zip
N/A

Country
N/A

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

2002 UBR



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 |
|------------|-------------------------------------|--|----------------------|
| PVST | RAFFENSPERGER, BRADFORD J | 10335 BELLADRUM | ALPHARETTA GA |
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| | | | |
| | | | |

09/09/02 90006017
\$ 550.00

8. Name and Address of Current Registered Agent

ELAMAD, JOHN H
4639 GULF STARR DRIVE
DESTIN FL 32541

9. Name and Address of New Registered Agent

Name
William C. Bailey
Street Address (P.O. Box Number is Not Acceptable)
2800 Yacht Club Boulevard
Suite, Apt. #, Etc.
N/A
City
Ft. Lauderdale State **FL** Zip Code **33304**

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

[Handwritten Signature]

Date **OCT 23, 2002**

REGISTERED AGENT MUST SIGN

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

10/22/02

Date

Daytime Phone #

CR2E040 (8/02)

252

The Raffensperger Corporation
10335 Belladrum
Alpharetta, GA 30022

October 23, 2002

VIA UPS NDA Saver

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

RE: Reinstatement of The Raffensperger Corporation
Document Number: F99000005682
FEI Number: 581601002
Dated Originally filed: 11/02/99

Dear Sir/Madam:

The completed 2002 Uniform Business Report for The Raffensperger Corporation was mailed through US Mail on 8/31/02 with our company check # 0093 in the amount of \$550.00. Attached please find our cancelled check (front and back) showing that the check was deposited by your office on 9/9/02 and that the check cleared our bank on 9/12/02.

We found out yesterday from your website that the corporation has been "Revoked for Annual Report". In speaking to one your representatives yesterday we found out that your office returned the original form to the address above requesting that the form be signed by an officer and then returned to your office with 30 days. We apologize for the form not being signed and returned but the original 2002 Uniform Business Report form (copy attached) that your office sent to the address above for an officer's signature was never received.

We received the Corporation's Reinstatement form and Certificate of Administrative Dissolution or Revocation on 10/22/02. The completed application is attached for your review. In light of the information contained in this letter, we request that the \$150 reinstatement fee be waived and that our license to Transact Business in the State of Florida be reinstated as soon as possible

We appreciate your attention to this matter. Please fax a copy of your letter notifying us of your decision in this matter to (770) 931-6624.

Very truly yours,



Bradford J. Raffensperger, P.E.

President

BJR/kag

FL REG REINSTATEMENT

Phone: 770-265-7519 ■ FAX: 770-931-6624
■ Structural Design Consultants ■