

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
 John H. Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS



98-79AR

FILED

99 JAN 22 PM 3:14

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # G50731

1. Corporation Name  
**R.A. Centers Management Corp.**

Principal Place of Business  
**5533 Windrift Lane  
 Boca Raton, FL 33433**

Mailing Address  
**5533 Windrift Lane  
 Boca Raton, FL 33433**

100002755451--7  
 -01/26/99--01089--002  
 \*\*\*\*300.00 \*\*\*\*300.00

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

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida <b>July 21, 1983</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>59-2371988</b>	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PDT	John Politis	5533 Windrift Lane	Boca Raton, FL 33433
VPDS	Jo Politis	5533 Windrift Lane	Boca Raton, FL 33433
VPD	JAMES Politis	5533 Windrift Lane	Boca Raton, FL 33433
VPD	Amanda Politis	5533 Windrift Lane	Boca Raton, FL 33433

8. Name and Address of Current Registered Agent <b>John Politis 5533 Windrift Lane Boca Raton, FL 33433</b>		9. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State Zip Code
			<b>FL</b>

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: *John Politis* Date: **1.19.99**

REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes  No  (See other side for information on intangible tax.)

12. 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: *John Politis* John Politis, Pres. 1.19.99 (561) 394-4383

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (12/95)