

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**


09 FEB 25 PM 4:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** 04-09

CR2E081 (12/08)

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # G50731

1. Corporation Name

RA CENTERS MANAGEMENT CORP

2. Principal Office Address - No P.O. Box #

5533 WINDRIFT LANE

Suite, Apt. #, etc.

3. Mailing Office Address

12203 STRICKLAND RD

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

RALEIGH, NC

Zip

33433

Country

USA

Zip

27613

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

07/21/1983

5. FEI Number  
59-2371988

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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.

7. Name and Address of Current Registered Agent

Name  
JOHN POLITIS

Street Address (P.O. Box Number is Not Acceptable)  
5533 WINDRIFT LANE

Suite, Apt. #, Etc.

City  
BOCA RATON

State Zip Code  
FL 33433

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

*John Politis*

REGISTERED AGENT MUST SIGN

Date 2-23-09

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
PRES	JOHN POLITIS	12203 STRICKLAND ROAD	RALEIGH, NC 27613
VP	JO POLITIS	5533 WINDRIFT LANE	BOCA RATON, FL 33433

200144412552  
02/25/09--01027--026 \*\*1508.75

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:

*John Politis* JOHN POLITIS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-09  
Date

919-841-4500  
Daytime Phone #