

1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 FEB 28 PM 12:54

RECEIVED
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 533910

1. Corporation Name

RADERS RELICS, INC.

2. Principal Office Address

1896 KENTUCKY AVE

Suite, Apt. #, etc.

City & State

WINTER PARK FL

Zip

32789

Country

ORANGE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

FL

Zip

SAME

Country

100067460271
03/03/06--01022--015 **750.00

REINSTATEMENT 03-06
CR2E081 (12/05)

**4. Date Incorporated or Qualified
To Do Business in Florida**

1977

5. FEI Number

592467764

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

HOPE STRONG III

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

200 W. WELBOURNE AVE

Suite, Apt. #, Etc.

City

WINTER PARK

State

FL

Zip Code

32789

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

Robert E. Rader
REGISTERED AGENT MUST SIGN

Date

2-1-06

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	ROBERT E. RADER	2400 SHOREHAM RD	ORLANDO / FL 32803
VP.	PERRY LYNN RADER	2400 SHOREHAM RD	ORLANDO, FL 32803

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

ROBERT E RADER

Date

2-1-06

Daytime Phone #

407-647-1940

2-1-06

Dear Sirs,

The corporation did not receive any annual report notices in the year of dissolution.

Sincerely,



ROBERT F. RADER

