

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 FEB 22 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F00000002737

1. Corporation Name

RAPID MANAGEMENT COMPANY

2. Principal Office Address

10350 Cove Avenue

Suite, Apt. #, etc.

City & State

Pensacola, Florida

Zip

32534

Country

USA

3. Mailing Office Address

10350 Cove Avenue

Suite, Apt. #, etc.

City & State

Pensacola, Florida

Zip

32534

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5/16/2000

5. FEI Number

752843427

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

Scott M. Covell

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

125 West Romana Street, Suite 800

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32501

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

Scott M. Covell

Date 2/20/02

REGISTERED AGENT MUST SIGN

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.	Richard Straza	1613 Breakwater Lane	Plano, Texas 75093
VP, Dir.	Robyn S. Straza	1613 Breakwater Lane	Plano, Texas 75093

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 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:

Richard S. Straza

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

02-13-02 972-250-4504

Daytime Phone #

CR2E081 (9/01)