

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 FEB 28 AM 10:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000006509

1. Corporation Name

RAPAILLE INSTITUTE, INC.

2. Principal Office Address

20700 VENTURA BLVD

Suite, Apt. #, etc.

328

City & State

WOODLAND HILLS CA

Zip

91364

Country

USA

3. Mailing Office Address

20700 VENTURA BLVD

Suite, Apt. #, etc.

328

City & State

WOODLAND HILLS CA

Zip

91364

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

52-2351971

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

RAPAILLE, PATRICIA

000048186620

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

600 NE 5th AVE

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33432

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

[Signature]

Date 2/18/05

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
PCD	RAPAILLE, CLOTAIRE	20700 VENTURA BLVD, #328	WOODLAND HILLS, CA, 91364
VSTD	RAPAILLE, PATRICIA	20700 VENTURA BLVD, #328	WOODLAND HILLS, CA, 91364

000048186620

03/11/05--01006--008 **150.00

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: PATRICIA RAPAILLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/05 (283) 226-5400

Date

Daytime Phone #

CR2E081 (01/05)