

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 30 AM 9:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F01000006509

1. Corporation Name

RAPAILLE INSTITUTE, INC.

Principal Place of Business

14455 VENTURA BLVD., 3RD FLOOR  
SHERMAN OAKS CA 91403

Mailing Address

14455 VENTURA BLVD., 3RD FLOOR  
SHERMAN OAKS CA 91403

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

2. New Principal Office Address, If Applicable

15303 Ventura Blvd.

Suite, Apt. #, etc.

Suite 1650

City & State

Sherman Oaks, CA

Zip

91403

Country

USA

3. New Mailing Office Address, If Applicable

15303 Ventura Blvd.

Suite, Apt. #, etc.

Suite 1650

City & State

Sherman Oaks, CA

Zip

91403

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

12/21/2001

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. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PCD	RAPAILLE, CLOTHAIRE	<del>14455 VENTURA BLVD., 3RD FLOOR</del> 15303 Ventura Blvd. Suite 1650	SHERMAN OAKS CA 91403
VSTD	RAPAILLE, PATRICIA	<del>14455 VENTURA BLVD., 3RD FLOOR</del> 15303 Ventura Blvd. Suite 1650	SHERMAN OAKS CA 91403
			000024264840 10/30/03--01005--018 **150.00

8. Name and Address of Current Registered Agent

PARACORP INCORPORATED  
236 EAST 6TH AVENUE  
TALLAHASSEE FL 32303

9. Name and Address of New Registered Agent

Name

Patricia Rapaille

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

600 NE 5th Avenue

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33432

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE

REGISTERED AGENT MUST SIGN

Date

10-26-03

11. 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

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

10-26-03

CR2E040 (7/03)



BUSINESS MANAGEMENT

October 23, 2003

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Rapaille Institute, Inc.  
FEIN 52-2351971

Dear Department of State representative:

Enclosed you will find an application for reinstatement for Rapaille Institute, Inc. along with a check for \$150.00.

Please note that the address you had on file was incorrect and we never received the original filing request. Please change your records accordingly so that we may receive the filing request on a timely basis.

Your attention to this matter is appreciated.

Should you have any questions or concerns, please call me or Robert Bernstein, CPA at (818) 205-2600.

Sincerely,

A handwritten signature in cursive script that reads 'Limore Shalom'.

Limore Shalom  
Senior Accountant

Encl.