

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC 27 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000009713410
12/27/02--01026--016 **750.00

DOCUMENT # F93000003071

1. Corporation Name

R.A.K. MANAGEMENT, INC.

Principal Place of Business

1009 BEAVER GRADE RD
STE 230
CORAPOLIS PA 15108
US

Mailing Address

PO BOX 590
SEWICKLEY PA 15143

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

758-Charles St

City & State

Rochester PA

Zip

15074

Country

USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/02/1993

5. FEI Number

25-1635526

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
PS	KATHARY, ROBERT A	1005 BEAVER GRADE ROAD, SUITE 31 758 CHARLES ST	CORAPOLIS PA 15108 Rochester PA 15074
V	KRAHE, WILLIAM- BRIAN KATHARY	1005 BEAVER GRADE ROAD, SUITE 31 758 CHARLES ST	CORAPOLIS PA 15108 Rochester PA 15074

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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 REQUIRED
REGISTERED AGENT MUST SIGN

James A. Bordonaro
Assistant Secretary

Date

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/10/02 412-264-6400

Daytime Phone #

CR2E040 (8/02)