

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED  
AND  
FILED

03 APR 23 AM 6:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #

G24856

1. Corporation Name

RAYNEL, INC.

2. Principal Office Address

424 E. Zarragossa St  
Suite, Apt. #, etc.

3. Mailing Office Address

424 E. Zarragossa St  
Suite, Apt. #, etc.

City & State

Pensacola FL

City & State

Pensacola FL

Zip

32501

Country

USA

Zip

32501

Country

USA

200016678472

04/22/03--01072--007 \*\*908.75

REINSTATEMENT 02-03

4. Date Incorporated or Qualified  
To Do Business in Florida

2/14/1983

5. FEI Number

592267588

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

Linda P. Scarritt

Street Address (Box Number is Not Acceptable)

424 E. Zarragossa St.

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

*Linda P. Scarritt*  
REGISTERED AGENT MUST SIGN

Date

**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
PD	Linda P. Scarritt	424 E. Zarragossa St.	Pensacola FL 32501
VPD	Russell D. Scarritt	424 E. Zarragossa St.	Pensacola FL 32501

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/03

Date

712-5154

Daytime Phone #

CR2E081 (10/02)