

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
98-79AR
Division of Corporations

FILED

99 JAN 22 PM 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G50731

1. Corporation Name

R.A. Centers Management Corp.

Principal Place of Business
5533 Windrift Lane
Boca Raton, FL 33433

Mailing Address
5533 Windrift Lane
Boca Raton, FL 33433

100002755451-7
-01/26/99-01089-002
****300.00 ****300.00

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida July 21, 1983	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-2371988	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PDT	John Politis	5533 Windrift Lane	Boca Raton, FL 33433
VPDS	Jo Politis	5533 Windrift Lane	Boca Raton, FL 33433
VPD	JAMES Politis	5533 Windrift Lane	Boca Raton, FL 33433
VPD	Amanda Politis	5533 Windrift Lane	Boca Raton, FL 33433

8. Name and Address of Current Registered Agent

John Politis
5533 Windrift Lane
Boca Raton, FL 33433

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.

Signature of Registered Agent
Date 1.19.99
REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☐

(See other side for information on intangible tax.)

12. 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

John Politis, Pres. 1.19.99 (561) 394-4383

Date

Daytime Phone #

CR2E081 (12/99)