

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

01 NOV -9 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # C78256

1. Corporation Name

RAHALL ENTERPRISES, INC.

2. Principal Office Address

1325 SNELL ISLE BLVD.

Suite, Apt. #, etc.

#205 F

City & State

Saint Petersburg, FL

Zip

Country

33704

Pinellas

3. Mailing Office Address

1325 SNELL ISLE BLVD.

Suite, Apt. #, etc.

#205 F

City & State

SAINT PETERSBURG, FL

Zip

Country

33704

Pinellas

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-11/16/01--01070--019

***2292.50 ***2292.50

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/84

5. FEI Number

59-2361876

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

FARRIS J. RAHALL

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

1325 SNELL ISLE BLVD.

Suite, Apt. #, Etc.

205 F

City

SAINT PETERSBURG

State

FL

Zip Code

33704

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

11/7/01

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
P	F. JEFFREY RAHALL	1325 SNELL ISLE BLVD.	ST. PETERSBURG, FL 33704
S/T	BROOKS L. ROSE	1325 SNELL ISLE BLVD.	ST. PETERSBURG, FL 33704

REINSTATEMENT

89-200
us

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)(f), 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]

F. Jeffrey Rahall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/7/01

Date

727-894-6093

Daytime Phone #