

**CORPORATION
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # 679789

1. Corporation Name

Ravenwood Apartments, Inc.

20 AUG 10 AM 3:38

SECRET
TALLAHASSEE, FLORIDA

4000350021343
08/10/20-01007-000 +\$00.00

2. Principal Office Address - No P.O. Box #

6767 Hunt St.

3. Mailing Office Address

P.O. Box 3584

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Milton, FL

City & State

~~PO~~ Milton, FL

Zip

32570

Country

US

Zip

32572

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

1/20/1984

5. FEI Number

59-2419057

☐ 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

Leslie Watson

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

6767 Hunt St

Suite, Apt. #, Etc.

City

Milton

State

FL

Zip Code

32570

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

Leslie Watson

REGISTERED AGENT MUST SIGN

Date

7/16/2020

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
P1	Leslie Watson	6767 Hunt St.	Milton, FL 32570

CAE

AUG 11 2020

10. E-mail Address: lw3007@gmail.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.