


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J88776

1. Corporation Name

RAIDER CORPORATION

Principal Place of Business

4970
4900 SW 52 ST #122 307
FT. LAUDERDALE FL 33314

Mailing Address

4970
4900 SW 52 ST #122 307
FT. LAUDERDALE FL 33314

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

Suite, Apt. #, etc.

4970 S.W. 52nd ST. #307

Suite, Apt. #, etc.

4970 SW 52nd ST #307

City & State

FL Lauderdale, FL

City & State

FL Lauderdale, FL

Zip

33314

Country

Zip

33314

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/19/1987

5. FEI Number

65-0003330

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PSD	GEYER, TOBY	4900 SW 52 STREET #122	FT. LAUDERDALE FL
		4970 S.W. 52nd ST. #307	
			000003440130--7 -10/26/00--01044--005 ****158.75 ****158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GEYER, TOBY R

4900 SW 52ND ST #122
FT. LAUDERDALE FL 33314

4970 S.W. 52nd ST. #307

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

 SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10.13.00

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

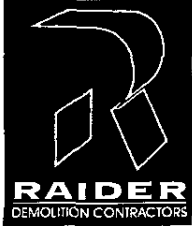
Date

10.13.00

Daytime Phone #

954.791.9913

CR2E040 (8/00)



October 13, 2000

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Fl. 32399

SENT BY FEDERAL EXPRESS

Re: Document: #88776-Please reinstate asap

Dear Sir or Ms.:

We have just received the "Notice of Administrative Dissolution" from the Dept. of State. To the best of my knowledge since our incorporation in 1987 this has never happened to our company. I realize now that I may not have sent our change of address to all parties that I should have and I apologize. We only moved one building over and changed our suite number. However, if our usual mailman is not working, our mail gets returned to the post office.

I just spoke to a representative of the Florida Department of State and she recommended that I write this letter of explanation and enclose a check in the amount of \$150 (+\$8.75 for a Certificate of Status) and the department will review my request.

I am enclosing our check in the amount of \$158.75 and again, I apologize for not submitting the required change of address. It will not happen again.

Sincerely,

RAIDER CORPORATION

A handwritten signature in cursive script that reads 'JoAnn Rankin'.

JoAnn Rankin
Office Manager

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Enclosures