yr D PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE CORPORATION FILED Jim Smith REINSTATEMENT Secretary of State 02 OCT 10 ANID: 00 DIVISION OF CORPORATIONS SECRETARY OF STATE DOCUMENT # TALLAHASSEE, FLORIDA Corporation Name Raider Corporation REINSTATEMENT 02 2. Principal Office Address 3. Mailing Office Address 4970 SW 4970 SW 52 St. Suite, Apt. #, etc. Suite, Apt. #, etc #30 #20 4. Date Incorporated or Qualified To Do Business in Florida City & State ४ City & State 5. FEI Number Applied For Country Zir Not Applicable Country ろ 6. lsa 3331 \$8.75 Additional Fee required for a Certificate of Status SA CERTIFICATE OF STATUS DESIRED 7. Name and Address of Current Registered Agent Name Jever 6000<u>08315156</u> Street Add P.O. Box Numb 10/10/02--01097-001ast \*\*\*\*600\_00 Suite, Apt. #, Et City State Zip Code F 8. I, being appointed the agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S 10/6) Signature of CR2E081 Registered Agent 019102 Date REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors . Titles Street Address of Each Officer and/or Director City / State / Zip lob 4970 SW 525+ #30 eR 333/4 6000 \*\*\*\*150.00 \*\*\*\*150.00 . 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 10/9/02 Date SIGNATURE: 03 SIGNATURE ED NAME OF SIGNING OFFICER OR DIRECTOR

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October 9, 2002

Department of State Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

## Subject: Request to expedite reinstatement & request to waive additional fee

Enclosed is our reinstatement application. It came to our attention today that we were listed as "inactive" on your website while we are in the process of placing some applications with a prospective vendor. First, I would like to ask that you expedite the reinstatement if possible. We are urgently in need of being listed as active to continue business operations, and are thus imposing on your kindness.

Second, I cannot imagine how the annual filing slipped, as we should have been sent renewal notices in January and May. Our accounting department has no record of having received the renewal forms (no entry in payables). I can only believe that the form may have gone to our old address as the prior year's filing notice. The office manager who was employed in January retired in early March, and the replacement did not begin until the last week of April. The new employee assumed at that time that the filing had already been made; since she did not receive a second notice in May or June as would be expected, there was no reason to question it. Had she received it, she would have immediately taken care of it. It is on this basis that I request you waive the additional \$600 fee.

However, I have enclosed two checks in the event that you decide not to waive the fee, because we cannot afford to delay our reinstatement. In the event that you can process the reinstatement and waive the additional fee, deposit the \$150 check for the normal fee, and return or destroy the second check. If you need to, deposit them both. But in either case, we would be grateful if you would please reinstate us as quickly as possible.

We truly appreciate your assistance and understanding in this matter.

Sincerely, Ge₩ President

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