

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 DEC 26 PM 3:19

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # K02376

1. Corporation Name

RAEVIN, INC.

Principal Place of Business

Mailing Address

3850 HWY 441 SO
OKEECHOBEE FL 34974
US

3850 HWY 441 S
OKEECHOBEE FL 34974
US

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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/13/1987

5. FEI Number

65-0013272

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	STANAVICH, VINCENT D.	060 SW WHITTIER TERRACE	PT. ST. LUCIE FL
D	STANAVICH, RAE ANN	060 SW WHITTIER TERRACE	PT. ST. LUCIE FL
	STANAVICH VINCENT D.	6939 N.W. HERSHEY Circle	Pt. St. Lucie Fla.
	STANAVICH RAE ANN	6939 N.W. HERSHEY Circle	PT. ST. LUCIE, FLA 34988
			700003523817--2 -01/04/01--01097--016 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RAE ANN, STANAVICH
3850 HWY 441 SOUTH
OKEECHOBEE FL 34974

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

REGISTERED AGENT MUST SIGN

Date 12-20-00

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.

KE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #