

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 OCT 19 PM 8:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L19047

1. Corporation Name

Rau & Maxner, Inc.

2. Principal Office Address

4200 GEORGIA AVE.

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

Zip

33405

Country

Palm Beach

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

900060772439
10/19/05--01044--003 **900.00

REINSTATEMENT 04-05

4. Date Incorporated or Qualified
To Do Business in Florida

09/28/89

5. FEI Number

650146507

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

MICHAEL J POSNER

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

4420 BEACON CIRCLE

Suite, Apt. #, Etc.

City

WEST PALM BEACH, FL

State
FL

Zip Code
33407

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

Date

10/5/05

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
PD	Craig Maxner	4200 GEORGIA AVE.	WEST PALM BEACH, FL 33405
DVST	Tracy Maxner	4200 GEORGIA AVE.	WEST PALM BEACH, FL 33405

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)(l), 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

10/5/05

Date

Daytime Phone #