

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1998 JAN -2 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L41029

1. Corporation Name

RATER PROMOTIONAL MARKETING, INC.

Principal Place of Business

4180 CHADDS WALK NE
MARIETTA GA 30062
US

Mailing Address

P O BOX 22125
ST. PETERSBURG FL 33742

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

REINSTATEMENT

9/25/98
1/2/98

4. Date Incorporated or Qualified
To Do Business in Florida

01/09/1990

5. FEI Number

59-2984679

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	RATER, STEVEN	4190 CHADDS WALK NE	MARIETTA GA 30062
VP	RATER, CHERALEE C	4190 CHADDS WALK NE	MARIETTA GA 30062
ST	LOEHR, TODD	10 FAIRWAY TRACE	ALPHARETTA GA 30201
P	Rater, Steven	4160 Chadds Walk NE	Marietta, GA 30062
VP	Rater, Cheralee C	4160 Chadds Walk NE	Marietta, GA 30062

8. Name and Address of Current Registered Agent

KORTH, KEVIN W.
4563 CENTRAL AVENUE
ST. PETERSBURG FL 33713

9. Name and Address of New Registered Agent

Name Bill Register
Street Address (P.O. Box Number is Not Acceptable)
9500 Koger Blvd
Suite, Apt. #, Etc.
222 300002391043--0
City St. Petersburg FL 33702
Date 01/06/98 01065--009
****750 4040250.00

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

Bill Register

REGISTERED AGENT MUST SIGN

Date

12-30-97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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

11-1-97

770-565-9783

Date

Daytime Phone #

CR2ED040 (8/97)