

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 30 AM 9:54

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # L70676

1. Corporation Name

RAGBAB, INC.

Principal Place of Business

1320 W OAKRIDGE RD  
ORLANDO FL 32809-3903  
US

Mailing Address

1320 W OAKRIDGE RD  
ORLANDO FL 32809-3903  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/03/1990

5. FEI Number

59-3049933

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
PD	GIROUX, ROBERT A	4022 SEABRIDGE DR.	ORLANDO FL
D	BOGOSLAVSKY, BRUCE A.	4022 SEABRIDGE DR.	ORLANDO FL
			300024267133 10/30/03--01010--021 **150.00
			300024267133 10/30/03--01010--022 **8.75

8. Name and Address of Current Registered Agent

GIROUX, ROBERT A.  
5525 MELODY LANE  
ORLANDO FL 32839-2809

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Robert A. Giroux*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

10-23-03

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

PRESIDENT

ROBERT A. GIROUX

Date

Daytime Phone #

10-23-03 (407) 855-7387

CR2E040 (7/03)

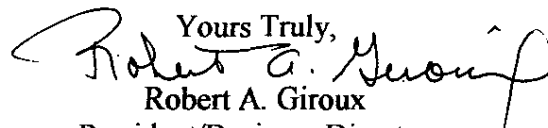


**Robert A. Giroux**  
Hospital Director/Owner  
**FULL SERVICE HOSPITAL**  
DOGS - CATS - BIRDS  
REPTILES - EXOTICS  
BOARDING & GROOMING

Dear Ms. Hood/Secretary of State

I am writing this letter in response to Certificate of Administrative dissolution I received this past week. We have not received any prior notices and feel this could have been due to the inconsistency of our mail service this past Spring, resulting from our Mail carrier being hospitalized with a stroke. We regret this administrative error and have researched with our Accountant and can find no record of receiving or filing as required. Therefore we are sending the required filing fee and ask that the penalty be waived.

On another note I would like to congratulate you on your new position. It's good to know we have someone from Orlando in the Capital to look out for our interests.

Yours Truly,  
  
Robert A. Giroux  
President/Business Director

**855-PETS**

1320 West Oakridge Road, Orlando FL 32809