

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000023970
1. Corporation Name

RAW DESIGN, INC.

2. Principal Office Address
320 South Ocean Blvd.,
Suite, Apt. #, etc.
L-K
City & State
Delray Beach, FL
Zip 33483 Country USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent
Name
RACHEL A. WATSON
Street Address (P.O. Box Number is Not Acceptable)
320 South Ocean Blvd.
Suite, Apt. #, Etc.
L-K
City Delray Beach State FL Zip Code 33483

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 _____
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
D	RACHEL A. WATSON	320 South Ocean Blvd., #L-K	Delray Beach, FL 33483

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.
SIGNATURE: Rachel A. Watson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 11/4/03 Daytime Phone # 361-278-8820

FILED
03-NOV-10 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03
100024564801
11/10/03--01068--003 **150.00

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RAW DESIGN, INC.
320 South Ocean Blvd., L-K
Delray Beach, FL 33483

November 4, 2003

Division of Corporations
Annual Reports Section
P.O. Box 6327
Tallahassee, FL 32314

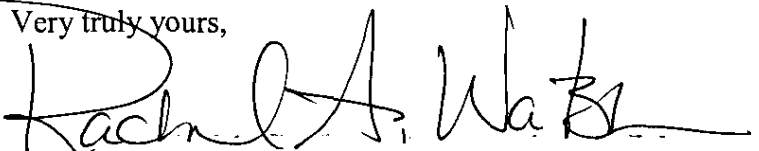
Re: Raw Design, Inc.
Document #P00000023970

Dear Sir/Madam:

In connection with the above-referenced matter, please be advised that the annual report was not received by me timely due to the fact that I am an airline attendant and travel abroad for long periods of time. I have attached the Reinstatement Form along with a check for \$150.00 for the filing fees hoping that you can waive the penalty.

Thank you for your help and consideration in this matter.

Very truly yours,



Rachel A. Watson

/rw
Enclosures