PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000023970

1. Corporation Name

RAW DESIGN, INC.

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

2. Principal Office Address	3. Mailing Office Address
320 South Ocean Blvd.,	
Suite, Apt. #, etc.: L-K	Suite, Apt. #, etc.:
City & State: Delray Beach, FL	City & State:
Zip: 33483 Country: USA	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number — 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: 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

CR2E081 (1/02)

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 11/4/03 561-278-8820

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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