

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000059326

1. Corporation Name

R.A. SYSTEMS, INC

2. Principal Office Address

739 EMERY STREET

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

INVERNESS, FL

City & State

Zip

34450

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

6-13-2000

5. FEI Number

65-1024928

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

ALAN J. DODD

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

739 EMERY STREET

Suite, Apt. #, Etc.

City

INVERNESS

State
FL

Zip Code

34450

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

REGISTERED AGENT MUST SIGN

Date 6/3/2002

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	ALAN J. DODD	739 EMERY STREET	INVERNESS, FL 34450
D	RAFAEL S. MORA	7210 N. MANHATTEN #2522	TAMPA, FL 33614

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/3/2002

Date

352-726-0705

Daytime Phone #

FILED

02 JUN -3 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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