

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 SEP 25 AM 11:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** P 00000084239

1. Corporation Name

RAINGUARD INC

2. Principal Office Address

4379 VICLIFF RD

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WPB FIA

City & State

Zip

33406

Country

WPB

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

651062508

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

☐ Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

PATRICK SCHIAVO

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

4379 VICLIFF RD

Suite, Apt. #, Etc.

City

WPB

State

FL

Zip Code

33406

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

Patrick Schiavo

Date 9/24/03

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
P	PATRICK SCHIAVO	4379 VICLIFF RD WPB FIA	WPB FIA 33406

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:

Patrick Schiavo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/25

**RAINGUARD INC.  
4379 VICLIFF ROAD  
WEST PALM BEACH, FL 33406  
561-615-8400**

**Date: September 24,2003**

**To: Florida Department of State  
Secretary of State  
Division of Corporations**

**From: Rainguard Inc.**

**Re: While trying to renew my corporation license I was informed the corporation was dissolved as of September 19<sup>th</sup>,2003, for not filing last annual report. I did not receive any correspondence in reference to this matter . I have moved my business from 1025 N. Florida Mango Rd. West Palm Beach to 4379 Vicliff Rd. West Palm Beach, FL 33406 and either the mail was not forwarded or it's on its way. If you could please waive the reinstatement fees and please accept this check for \$ 150.00 for the annual report. Thank you for your cooperation in this matter. Please call and let me know that status , until I get this resolved I cannot renew any other occupational licenses. You can reach me at 561-662-2977.**

**Sincerely,**

**Patrick Schiavo**