

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 JUL 28 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000085034

1. Corporation Name

Ratingsource, Inc.

2. Principal Office Address

465 S. Orlando Ave., Ste. 401

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Maitland, FL

City & State

Zip

32751

Country

USA

Zip

Country

REINSTATEMENT 05-06
CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

9/8/2000

5. FEI Number

59-3674877

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

Ronald S. Webster

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

719 Peachtree Rd., Ste. 200

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32804

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

Ronald S. Webster REGISTERED AGENT MUST SIGN

Date

7/20/06

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	Roger Pickar	465 S. Orlando Ave., Ste. 401, Maitland, FL	
VP/T	Cal Oren	"	"
D	Tom Lutz	"	"
S/D	Ronald S. Webster	719 Peachtree Rd., Ste. 200	Orlando, FL 32804

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 contained in Chapter 119, 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:

Ronald S. Webster

Date

407-425-2583

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #



STUMP WEBSTER LAW

Gary L. Stump ■ Ronald S. Webster ■ Pamela Craig ■ Jason J. Recksiedler ■ Sage Morris-Webster ■ Edmund T. Woolfolk

July 26, 2006

Division of Corporations
Reinstatement Dept.
P. O. Box 6327
Tallahassee, FL 32314

Re: Ratingsource, Inc.

Dear Sir/Madame:

Enclosed please find the following:

1. Reinstatement
2. Check for \$335 (2 years of reinstatement and \$35 to change the registered agent)
3. Self-addressed, stamped return envelope for return of the stamped reinstatement form.

Our corporation did not receive annual notices for the years 2005 and 2006. We are asking that your office waive the reinstatement fees for these years. Also, our corporation moved and our new address is indicated on the enclosed reinstatement form.

If you have any questions, please call Lowanda in my office.

Sincerely,

RONALD S. WEBSTER

RSW/lk
Enclosures