

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P01000034839**

1. Corporation Name

R.A. MANAGEMENT CORP.

Principal Place of Business

**1900 GLADES ROAD SUITE 103
BOCA RATON FL 33431**

Mailing Address

**1900 GLADES ROAD SUITE 103
BOCA RATON FL 33431**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/05/2001

5. FEI Number

65-1089525

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	ASTERN, RICHARD	1900 GLADES ROAD SUITE 103	BOCA RATON FL 33431

600017310116
04/29/03--01061--001 **300.00

8. Name and Address of Current Registered Agent

**BONNER, R. LAWRENCE
100 SE 2ND STREET SUITE 3400
MIAMI FL 33131**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

4/22/03

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-21-03

561-417-0049

CR2E040 (8/02)

STATE OF FLORIDA DEPT. OF STATE
COURIER SERVICE ADDRESS
DEPARTMENT OF STATE
409 EAST GAINES STREET
TALLAHASSEE, FL 32399

APRIL 21, 2003

TO WHOM IT MAY CONCERN,

I RECEIVED MY REINSTATEMENT NOTICE FOR 2003, BUT HAVE NOT RECEIVED ANY PRIOR NOTICE CONCERNING THE UNIFORM BUSINESS REPORT, PRIOR TO THE ABOVE MENTIONED REINSTATEMENT NOTICE.

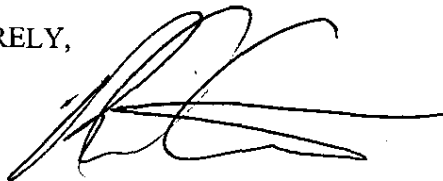
PLEASE ACCEPT THE ENCLOSED APPLICATION FOR REINSTATEMENT AND THE ENCLOSED CHECK FOR \$300.00 FOR YEARS 2002-2003.

I AM REQUESTING THE LATE FEE TO BE WAVIED IN THE AMOUNT OF \$600.00 AS WE ARE VERY DILIGENT IN PROCESSING ALL REQUESTS IN A TIMLEY MANNER AND WOULD HAVE FILED AND PROCESSED THIS APPLICATION WITHOUT DELAY HAD THIS BEEN RECEIVED .

I APPRECIATE ANY AND ALL OF YOUR ATTENTION IN THIS MATTER AS I WOULD NOT HAVE OVER LOOKED THE ABSORBENT FEE OF FILING LATE, ESPECIALLY WITH THE ECONOMIC SITUATION THAT HAS PREVAILED WITH OUR ECONOMY TODAY.

I WOULD LIKE TO TAKE THIS OPPORTUNITY TO THANK YOU IN ADVANCE, AND WOULD HOPE TO HAVE A RESPONSE AT YOUR EARLIEST POSSIBLE CONVENIENCE .

SINCERELY,

A handwritten signature in dark ink, appearing to be 'R. Astern', with a long horizontal stroke extending to the right.

RICHARD ASTERN
R.A. MANAGEMENT