

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000065977

1. Corporation Name

RASOOL CORPORATION

Principal Place of Business

125 DEL PRADO BLVD.
CAPE CORAL FL 33909

Mailing Address

125 DEL PRADO BLVD.
CAPE CORAL FL 33909

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/03/2001

5. FEI Number

65-1118609

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	RASOOL, SHAHID	16871 SAN CARLOS BLVD.	FORT MYERS FL 33904

REINSTATEMENT 03 TS 1

8. Name and Address of Current Registered Agent

LARROW, PAUL L
3501-302 DEL PRADO BLVD.
CAPE CORAL FL 33904

9. Name and Address of New Registered Agent

Name LARROW, PAUL L.
Street Address (P.O. Box Number is Not Acceptable)
3501 DEL PRADO BLVD
Suite, Apt. #, Etc.
SUITE 312
City CAPE CORAL State FL Zip Code 33904

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

REGISTERED AGENT MUST SIGN

Date 8 OCTOBER 2003

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

OCT 9 2003

239-772-0444

CR2E040 (7/03)

Rasool Corporation

125 Del Prado Blvd.
Cape Coral, Florida 33909
(239) 772-0444

October 8, 2003

Florida Division of Corporation
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, Florida 32314-6327

RE: Rasool Corporation
Document Number P01000065977

Gentlemen:

Enclosed please find the Application for Reinstatement for the above referenced corporation, along with a check in the amount of \$150.00 for the annual report and corporate supplemental fees.

I respectfully request that the Division of Corporations waive the reinstatement fee to return the corporation to "active" status. I have searched the corporation's records and can not find any evidence of having received either the original notice or the second notice for the 2003 annual report. My accountant also reviewed their records and has no record of the 2003 uniform business report. Therefore, I can only conclude that the notices were not received by the corporation.

Thank you in advance for your approval of my request.

Very truly yours,



Shahid Rasool
Director and President