

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 OCT -5 PM 12:14

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10/05/09--01045--014 \*\*1208.75

CR2E081 (12/08)

DOCUMENT # P01000082762

1. Corporation Name

Rag Draggers, Incorporated

2. Principal Office Address - No P.O. Box #

3117 Albert Court

3. Mailing Office Address

3117 Albert Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pensacola, FL

City & State

Pensacola, FL

Zip

32504

Country

USA

Zip

32504

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

08/20/2001

5. FEI Number  
02-0596786

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

Kelley M. Gustaveson

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

3117 Albert Court

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32504

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

9-8-09

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
Pres	Kevin E. Klinkhammer	3117 Albert Court	Pensacola, FL 32504
VP	Kelley M. Gustaveson	3117 Albert Court	Pensacola, FL 32504
Secy	Diane J. Dreher	3117 Albert Court	Pensacola, FL 32504

REINSTATEMENT 02-09 B  
12/6/09

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/08/2009

Date

715-379-5324

Daytime Phone #

Kelley M. Gustaveson