

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 14 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000090260

1. Corporation Name

RAVEN INDUSTRIES, INC.

2. Principal Office Address

851 E SR 434

Suite, Apt. #, etc.

#168

City & State

LONGWOOD, FL

Zip

32750

Country

USA

3. Mailing Office Address

851 E SR 434

Suite, Apt. #, etc.

#168

City & State

LONGWOOD, FL

Zip

32750

Country

USA

REINSTATEMENT

03-04

**4. Date Incorporated or Qualified
To Do Business in Florida**

9/13/2001

5. FEI Number

260036666

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

STEPHEN W. WOLFRAM JR.

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

851 E SR 434

Suite, Apt. #, Etc.

#168

City

LONGWOOD

600031866286

04/06/04--01032--003 **150 00

600031866286

04/14/04--01050--004 **150 00

State

FL

Zip Code

32750

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

SAW

REGISTERED AGENT MUST SIGN

Date

4/5/2004

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 |
|---------------|--------------------------------------|---|--------------------|
| DIR/ PRES. | STEPHEN W. WOLFRAM JR. | 851 E SR 434 #168 | LONGWOOD, FL 32750 |
| | | | |
| | | | |
| | | | |
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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:

SAW . STEPHEN W. WOLFRAM JR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/2004

Date

407-461-9472

Daytime Phone #

CR25061 (01/04)

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20fz -

Raven Industries, Inc.
DBA Bikram's Yoga College of India, Longwood
851 E SR 434 #168
Longwood, FL 32750
407.830.YOGA
bikramyogalongwood.com

April 5, 2004

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

I am respectfully requesting a waiver of the \$600 reinstatement fee for my corporation RAVEN INDUSTRIES, INC. I did not receive the Annual Report Form in the mail. This is only my third year in business and I now know to expect this report in the mail and I will pay in a timely manner henceforth.

Thank you for your consideration in this matter.

Sincerely,

Stephen W. Wolfram Jr.
President, Raven Industries, Inc.
Director, Bikram's Yoga College of India, Longwood