

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

02 **CBR**

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

FILED

02 DEC 10 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000102669

1. Corporation Name

THE RAECKE GROUP, INC.

Principal Place of Business

14350 S.W. 97TH LANE
MIAMI FL 33186

Mailing Address

14350 S.W. 97TH LANE
MIAMI FL 33186

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

10/23/2001

5. FEI Number

91-2171075

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
PSD	RAECKE, ALEXANDER	14350 S.W. 97TH LANE	MIAMI FL 33186

8. Name and Address of Current Registered Agent

ROSENBERG, DONALD S
ONE S.E. THIRD AVENUE
SUITE 3050
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

CR2E046 (8/02)

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

11/24/02

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
Alexander Raecke

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/24/02

Daytime Phone #

305-972-0271
305-661-7888

November 25, 2002

Florida Department of State
Jim Smith
Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Reinstatement request letter

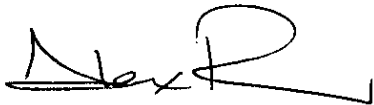
To whom it may concern:

Please, accept this letter as an official request for reinstatement of active status to: The Raecke Group, Inc. FEI number 91-2171075 (S-Corp Status). During the first year of business my company did not receive the prior UBR notices resulting in the current dissolved status.

Attached, please find the appropriate application for reinstatement and the UBR filing fee without penalty of \$150.00 + an additional \$8.75 for certificate of status.

Your immediate attention to this matter is greatly appreciated. Should there be any questions please contact me at my daytime phone 305.972.0271.

Sincerely,



Alexander Raecke
PSD
The Raecke Group, Inc.

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