

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

04 JAN -5 AM 10:25

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P02000009779**

1. Corporation Name

RAV-A-BILT CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

3920 ELM STREET
ELLENTON FL 34222

P.O. BOX 313
PALMETTO FL 34221

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

01/28/2002

5. FEI Number

01-0586694

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
Pres	Craig J Ravagnani	3920 Elm street	Ellenton Fla. 34222

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Craig J. Ravagnani

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

3920 Elm street

Suite, Apt. #, Etc.

City

Ellenton Fla.

State

FL

Zip Code

34222

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

Craig J. Ravagnani

REGISTERED AGENT MUST SIGN

Date 12-23-03

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:

Craig J. Ravagnani

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-23-03

Date

Daytime Phone #

641) 73-9763

CR2E040 (7/03)

12-23-03

to whom it may concern.

I craig Joseph Ravagnani, do hereby state
that I did not receive any prior UBR
notices,

A handwritten signature in black ink, appearing to read "Craig Joseph Ravagnani". The signature is stylized with a large, sweeping initial "C" and "J".