

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC -9 PM 2:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P02000113854

1. Corporation Name

RAKE BROTHERS ENTERPRISES, INC.

REINSTATEMENT 03

900025348179
12/03/03--01048--002 **150.00

2. Principal Office Address

P.O. BOX 57309

3. Mailing Office Address

P.O. BOX 57309

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32241

Country

USA

Zip

32241

Country

USA

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

Oct. 22, 2002

5. FEI Number

57-1033743

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

Thomas C. Pleiman, Jr.

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

9471 Baymeadows Rd. Suite 308

Suite, Apt. #, Etc.

City

Jacksonville, FL

State

FL

Zip Code

32256

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **11/25/03**

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. | Harold Rake | 556 County Rd. | Middleburg, FL 32068 |
| | | | |
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-1-03 904219-2131

CR2E081 (10/02)

TR

Rake Brothers Enterprises, Inc.
P O Box 57309
Jacksonville, FL 32241

November 25, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To whom it may concern:

Please find enclosed our check for \$150.00 together with a completed application for reinstatement. I hereby request that all penalties be abated in their entirety due to the fact that we never received the corporation annual uniform business report and were unable to file on a timely basis through no fault of our own.

Please change your records to reflect the correct address as listed above and use this address for all future correspondence.

Sincerely,

A handwritten signature in black ink, appearing to read "Harold Rake", written over a horizontal line.

Harold Rake
President