


# 2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 NOV 12 PM 4:34

<b>DOCUMENT # P03000102234</b>	
1. Entity Name <b>RALO DEVELOPMENT, INC.</b>	

Principal Place of Business <b>205 CRYSTAL GROVE BOULEVARD LUTZ, FL 33548</b>	Mailing Address <b>205 CRYSTAL GROVE BOULEVARD LUTZ, FL 33548</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

11082004 REIN-P CR2E098 (6/04)

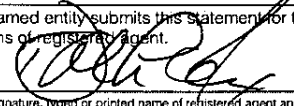
4. FEI Number  
**20-1034742**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent	
<b>SAXE, DANIEL L 205 CRYSTAL GROVE BOULEVARD LUTZ, FL 33548</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  **DANIEL L. SAXE** DATE: **11-8-04**

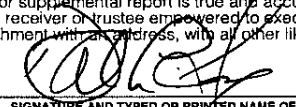
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SAXE, DANIEL L</b> <b>205 CRYSTAL GROVE BOULEVARD</b> <b>LUTZ, FL 33548</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SAXE, DANIEL L</b> <b>205 CRYSTAL GROVE BOULEVARD</b> <b>LUTZ, FL 33548</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>DANIEL L. SAXE</b> <b>205 CRYSTAL GROVE BOULEVARD</b> <b>LUTZ, FL 33548</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>500042698955</b> <b>11/12/04--01066--003 **750.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **DANIEL L. SAXE** DATE: **11-8-04** 813 805 8855

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/12/04