

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000172600

1. Entity Name  
RAK PROPERTY MANAGEMENT, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 OCT 21 PM 3:12

Principal Place of Business  
8525 REDLEAF LANE  
ORLANDO, FL 32819-3927

Mailing Address  
8525 REDLEAF LANE  
ORLANDO, FL 32819-3927

**REINSTATEMENT** 05



2. Principal Place of Business

3. Mailing Address

10122005 REIN-P CR2E098 (6/04)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number  
20-2068737  
Applied For  
Not Applicable

City & State

City & State

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

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUGGAL, KARAM  
8525 REDLEAF LANE  
ORLANDO, FL 32819

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 [Signature]  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 10-18-05

**FILE NOW!!! FEE IS \$150.00**

**After January 1, 2006, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME DUGGAL, KARAM  
STREET ADDRESS 8525 REDLEAF LANE  
CITY-ST-ZIP ORLANDO, FL 32819

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME 800060854868  
STREET ADDRESS 10/21/05--01030--008 **\*\*150.00**  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10-18-05

Daytime Phone #