

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 NOV 20 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000011178

1. Corporation Name

Rare Consulting & Contracting, Incorporated

2. Principal Office Address - No P.O. Box #

661 N.W. 75 Terrace

Suite, Apt. #, etc.

City & State

Plantation, Florida

Zip
33317

Country
US

3. Mailing Office Address

661 N.W. 75 Terrace

Suite, Apt. #, etc.

City & State

Plantation, Florida

Zip
33317

Country
US

100112599251
11/27/07--01021-001--**300.00
CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

26-1415845

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

Form-A-Corp

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

4400 PGA Blvd

Suite, Apt. #, Etc.

Suite 900

City

Palm Beach Gardens

State

FL

Zip Code

33410

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

By:

(Kevin Rubel-Manager)

Date 11/15/2007

REGISTERED AGENT MUST SIGN

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
D,P	Jeffrey Gilbert	661 N.W. 75 Terrace	Plantation, FL 33317
D,VP	Kevin Gelin	661 N.W. 75 Terrace	Plantation, FL 33317

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 contained in Chapter 119, 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

Kevin Gelin (Vice President) 11/15/2007

Date

561-283-0005

Daytime Phone #