## 2006 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT					ja.		
DOCUMENT # P05000140079  1. Entity Name R.A.I., INC.					2006 NOV - 7 PM 3: 43 SECRETARY OF STATE		
Principal Place of Business 725 WEST DAUGHTERY ROAD LAKELAND, FL 33809		Mailing Address 725 WEST DAUGHTERY ROAD LAKELAND, FL 33809		5/20	TALLA <b>900</b>	HASSEE FLOF	RIDA 150
2. Principal Place of Business 1809 KINSMAN WAY Suite, Apt. #, etc.		3. Mailing Address 1809 KINSMAN WAY Suite, Apt. #, etc.		10232000	3 REIN-P	CR2E098 (11/05)	
City & Stat LAK Zip 3380	LAND, TC	City & State  LAKELAND  Zip  Zip  Zip  Zip  Zip  Zip	Country		nber 3704880 Ite of Status Desired	7 No. 75 Add	
2380	6. Name and Address of Current F	Registered Agent	-UJH	7. Name a	nd Address of New R	Fee Require	<u>a</u>
ASHLEY, RYAN 5337 N. SOCRUM LOOP ROAD #148 LAKELAND, FL 33809  Name STEVEN R LESLIE  Street Address (P.O. Box Number is Not Acceptable) 1809 KINSMAN WAY							
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, typed or printed name of registered agent, and the it applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
	LE NOWIII FEE IS \$150.00 nuary 1, 2007, Fee will be \$300.00	0				vith s. 607.193(2)(b), not receive the prior i	
10.	OFFICERS AND I	· · · · · · · · · · · · · · · · · · ·	11.	ADDITION	S/CHANGES TO OFF	ICERS AND DIRECTOR	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASHLEY, RYAN 725 WEST DAUGHTERY ROAD LAKELAND, FL 33809	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LESLIE, STEVEN R 1809 KINSMAN WAY LAKELAND, FL 33809	☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDE STEVEN 1809 KI	LESLIE NSMAN W NO, 7L 3	□ Change A Y 3809	Addition
TITLE HAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Deleie	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 addordss, with empowered.							
SIGNATURE:    SIGNATURE   11-Z-06   Date   D							

November 2, 2006

R.A.I., Inc 1809 Kinsman Way Lakeland, Fl 33809 P05000140079 FID# 20-3704889 Cell # 863-670-0468

Amendment section
Division of Corporations
Clifton Building
2661 Exectuive Center Circle
Tallahassee, Florida 32301

To whom it may concern,

Enclosed please find a copy of the reinstatement for R.A.I. Inc. Please also find my Bank Statement showing where the check for \$ 150. Cleared my bank on May, 18,2006.

Please correct your records. If you need any more information please contact me at the number above.

Sincerely,

Steve Leslie