

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P06000000059**

1. Entity Name  
**RAPHAEL PRODUCTIONS, INC**



**FILED**

**2006 NOV -6 PM 5:00**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Principal Place of Business  
**2830 DRIFTING LILLY LOOP  
KISSIMMEE, FL 34747 US**

Mailing Address  
**2830 DRIFTING LILLY LOOP  
KISSIMMEE, FL 34747 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10312006 REIN-P CR2E098 (11/05)

City & State

City & State

4. FEI Number

**20-4029983**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**ALL ABOUT FINANCE AND MORE, LLC  
1633 E. VINE ST  
SUITE # 216  
KISSIMMEE, FL 34744**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**After January 1, 2007, 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 **ALMESTICA, RAFAEL**  
STREET ADDRESS **2830 DRIFTING WAY LOOP**  
CITY-ST-ZIP **KISSIMMEE, FL 34747**

TITLE **VP** ☐ Delete  
NAME **ALMESTICA, GLADYS**  
STREET ADDRESS **2830 DRIFTING WAY LOOP**  
CITY-ST-ZIP **KISSIMMEE, FL 34747**

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  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
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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 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 address, with all other like empowered.

**SIGNATURE:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10/31/06**  
Date

**321-689-6785**  
**321-689-6711**  
Daytime Phone #

*[Signature]*  
Primary #

*11/2/06*