

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



• FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 NOV 17 AM 7:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000016994

1. Corporation Name **RAS TRIM INC.**

000138002630
11/17/08--01054--014 **300.00

REINSTATEMENT 07-08
CR2E081 (10/08)

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

209 ARPIKA

Suite, Apt. #, etc.

City & State

St. Augustine FL

Zip

32086

Country

U.S.

3. Mailing Office Address

4255 U.S Hwy 1 South

Suite, Apt. #, etc.

Suite 1A - B13

City & State

St. Augustine FL

Zip

32086

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

12/03/2006

5. FEI Number

41-2221026

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

Josiah Hassel

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

209 ARPIKA

Suite, Apt. #, Etc.

City

St. Augustine

State

FL

Zip Code

32086

☒ 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

Josiah Hassel

REGISTERED AGENT MUST SIGN

Date **11/12/08**

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
PD	Josiah Hassel	209 ARPIKA	St. Augustine FL 32086
VPD	Jason Vallone	209 ARPIKA	St. Augustine FL 32086

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:

Josiah Hassel

Josiah Hassel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/12/08

Date

(904) 392-5316

Daytime Phone #

OC 11/19