Florida Department of State

Division of Corporations

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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850)222-1173
Fax Number : (850)224-1640

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT
RASF EMPLOYEE CORPORATION

Certificate of Status	**0**
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TALLAHASSEE, FLORIDA

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CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000095987

1. Corporation Name
RASF EMPLOYEE CORPORATION

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
8900 North Kendall Drive		8900 North Kendall Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Attn: Dennis Wiseman		Attn: Dennis Wiseman	
City & State		City & State	
Miami, FL		Miami, FL	
Zip	Country	Zip	Country
33176	USA	33176	USA

CR2E081 (6/10)

4. Date Incorporated or Qualified To Do Business in Florida 7/20/2006

5. FEI Number 03-0601566 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee required from Qualified Agent of Record

7. Name and Address of Current Registered Agent

Name: CorpDirect Agents, Inc.

Street Address (P.O. Box Number is Not Acceptable): 515 East Park Avenue

Suite, Apt. #, Etc.

City	State	Zip Code
Tallahassee	FL	32301

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: Katie Wonsch Asst. Sec. Date: 7/13/2010
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Exec. D	Dennis Wiseman	8900 N. Kendall Drive	Miami, FL 33176
	REINSTATEMENT RH		

10. E-mail Address: dwiseman@RASF.net
(To be used for future annual report notification)

11. I certify that I am an officer or director of 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, I further certify 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: ✓ July 1, 2010 786-596-1684
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DENNIS WISEMAN, Executive Director