

To: FL Dept. of State
Subject: 000409.128665

From: Katie Wonsch

Tuesday, July 13, 2010 2:07 PM Page: 1 of 2

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

000409.128665

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
Certified Copy	0
Page Count	02
Estimated Charge	\$1,200.00

Electronic Filing Menu

Corporate Filing Menu

Help

RH

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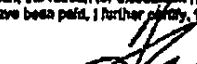
Tuesday, July 13, 2010 2:07 PM Page: 2 of 2

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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 # 8900 North Kendall Drive		3. Mailing Office Address 8900 North Kendall Drive	
Suite, Apt. #, etc. Attn: Dennis Wiseman		Suite, Apt. #, etc. Attn: Dennis Wiseman	
City & State Miami, FL		City & State Miami, FL	
Zip 33176	Country USA	Zip 33176	Country USA
4. Date Incorporated or Qualified To Do Business in Florida 7/20/2008			
5. FEI Number 03-0801566		Applied For ☐ Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☐ 32.75% More must be required to be a Director or Officer			
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 Tallahassee		State FL	Zip Code 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. Name and Street Address of Each Officer and/or Director (Florida non-profit 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: dwwiseman@RASFL.net (To be used for future notices) repeat as needed			
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:  Date July 1, 2010 786-596-1684 SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DENNIS WISEMAN, Executive Director			

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