


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION**  
**FLORIDA DEPARTMENT OF STATE**  
**Katherine Harris**  
**Secretary of State**  
**DIVISION OF CORPORATIONS**

**FILED**  
02 MAR 20 PM 12:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P92000004364

**1. Corporation Name**

Rapase Development Co. Inc

700005193297--1  
-04/04/02--01073--012  
\*\*\*\*308.75 \*\*\*\*308.75

**2. Principal Office Address**

3399 Gulf Shore Blvd  
Suite, Apt. #, etc. North

Apt #307

**City & State**

Naples FL

**Zip**

33904

**Country**

USA

**3. Mailing Office Address**

14 New Road

Suite, Apt. #, etc.

**City & State**

Madison CT

**Zip**

06443

**Country**

USA

**4. Date Incorporated or Qualified To Do Business in Florida**

11-13-1992

**5. FEI Number**

65-0379274

**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**

Paul G Garrity

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

3399 Gulf Shore Boulevard North

**Suite, Apt. #, Etc.**

Apartment #307

**City**

Naples

**State**


FL

**Zip Code**

33904

**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**



**Date**

3/10/2002

**REGISTERED AGENT MUST SIGN**

**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
C	Paul G. Garrity, Sr.	3399 Gulf Shore Blvd.	Naples, FL 33904
P	Nevin S. Garrity	72 Wickford Place	Madison CT 06443
T	Paul G. Garrity, Jr.	16 Spinnaker Lane	Essex CT 06426
S	Sean R. Garrity	40 Neptune Ave	Madison CT 06443

01-02 UBRYS

**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 under section 119.07(3)(i), 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:**

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

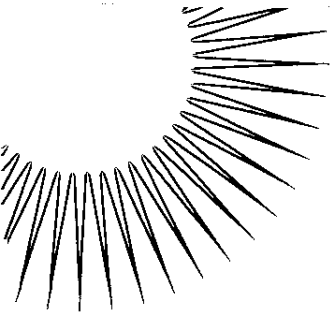
**Date**

3/10/2002

**Daytime Phone #**

800-245-8383

CR2E081 (9/01)



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**GARRITY®**

March 11, 2002

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Secretary's Office:

Please reinstate our Incorporation for Kepase Development Company, Inc. I have checked with the reinstatement department and they informed me that our registration for Kepase was returned as undeliverable.

I have enclosed the \$300 fee for the two years plus \$8.75 for a copy of the Certificate of Incorporation. Please send the certificate to my attention at 14 New Road, Madison, CT 06437.

Thank you for your assistance.

Sincerely,

  
Arthur G. Aery, Jr.  
Kepase Controller

Enclosure