PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

# APPLICATION FOR ~~REINSTATEMENT~~

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

200UBL2

FILED
00 OCT 27 PM 4:05
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P92000011280

1. Corporation Name

**RAI INVESTMENT SERVICES, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 317 E VIRGINIA STREET<br>SUITE D<br>TALLAHASSEE FL 32301<br>US | 317 E VIRGINIA STREET<br>SUITE D<br>TALLAHASSEE FL 32301<br>US |

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

| 2. New Principal Office Address, If Applicable | | 3. New Mailing Office Address, If Applicable | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. Date Incorporated or Qualified To Do Business in Florida: 12/11/1992

5. FEI Number: 59-3155104 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

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

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---|---|---|---|
| POS | HAGAN, BRUCE | 317 E VIRGINIA ST | TALLAHASSEE FL 32301 |
| | | | |
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| | | | |
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| 8. Name and Address of Current Registered Agent | 9. Name and Address of New Registered Agent |
|---|---|
| HAGAN, BRUCE A<br>317 E VIRGINIA STREET<br>SUITE D<br>TALLAHASSEE FL 32301 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>Suite, Apt. #, Etc.<br>City / State: FL / Zip Code |

CR2E040 (8/00)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Bruce A. Hagan SIGNATURE REQUIRED — Date: 10/25/00

REGISTERED AGENT MUST SIGN

11. 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.

KE

SIGNATURE: Bruce A. Hagan SIGNATURE REQUIRED Bruce A. Hagan — 10/25/00 — 850 224-4412

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0006784 AF

2082

October 25, 2000

To: Florida Department of State, Division of Corporations

From: RAI Investments, Inc., Bruce Hagan

To Whom It May Concern:

I have enclosed with this letter the application for reinstatement I received in the mail regarding my corporation. I did not receive any previous notification requiring the report filing for our firm. Per my conversation with your office, I have included, with the application, a check for the original requested amount of $150.00.

Thank you,

Bruce a. Hagan

Bruce Hagan, CFP