

2006 for profit Corporation Annual Report

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

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RECEIVED STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000012751

1. Corporation Name

RALORI, INC.

2. Principal Office Address

6451 NORVELL BRYANT HWY

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 145

Suite, Apt. #, etc.

City & State

CRYSTAL RIVER, FL

Zip
34429

Country

U.S.A.

City & State

CRYSTAL RIVER FL

Zip

34423

Country

U.S.A.

CR2E081 (12/05)

06

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-2922855

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

CLARK, DOLORES H.

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

6451 NORVELL BRYANT HWY

Suite, Apt. #, Etc.

City

CRYSTAL RIVER

State

FL

Zip Code

34429

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

Dolores H. Clark

Date

7-7-06

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
D	CLARK, DOLORES H.	6451 NORVELL BRYANT HWY	CRYSTAL RIV. FL 34429
D	CLARK, RICHARD T.	1105 PALM SPRINGSTER	CRYSTAL RIVER, FL 34429
D	CLARK, W. RANDAL	712 VENTURI AVE	CRYSTAL RIVER, FL 34429

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: Dolores H. Clark (DOLORES H. CLARK)

Date

7-5-06

Daytime Phone #

352-795.

0606

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Ra Lo Ri, Inc.

P.O. Box 145
Crystal River, FL 34423
Phone: 352-563-6003
Fax: 352-795-6660

Florida Department of State

Secretary of State

Division of Corporations

July 7, 2006

RE: Annual Corporate Report 2006

Our company has received a notice of intent to dissolve from you. Upon calling for information from you regarding such, I was told this company (RALORI<INC) owed nothing and was clear for this year.

We do not want it dissolved and are sending \$150.00. We did not receive a reminder of this fee, or it would have been paid.

Thank you for your help in this matter,



Dolores H. Clark, President