

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 12 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000023628

1. Corporation Name

RATE FACTS, INC.

Principal Place of Business

507 SMOKERISE BLVD.
LONGWOOD FL 32779

Mailing Address

507 SMOKERISE BLVD.
LONGWOOD FL 32779

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/23/1994

5. FEI Number

59-3243706

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	CHAPMAN, MARK A	507 SMOKERISE BLVD.	LONGWOOD FL 32779

8. Name and Address of Current Registered Agent

CHAPMAN, MARK A
507 SMOKERISE BLVD.
LONGWOOD FL 32779

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Mark Chapman SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/29/02

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.

SIGNATURE:

Mark Chapman SIGNATURE REQUIRED
MARK CHAPMAN, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/29/02 407.399.0649

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DEBORAH WERNER
Certified Public Accountant
1313 E. Robinson Street
Orlando, Florida 32801
Phone: (407) 894-8829

October 29, 2002

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

RE: Rate Facts, Inc.
507 Smokerise Blvd.
Longwood, FL 32779

ID#: 59-3243706
Form: Uniform Business Report
Tax Year: 2002

Gentlemen:

My client received your notice of administrative dissolution. It was never the intention of the taxpayer to not file the uniform business report.

The corporation has a physical mailing address and also a post office box. The physical mailing address is in a residential neighborhood and the mailbox can be opened without a key. The taxpayer has had some problems with mail delivery intermittently over the past few years.

Prior to the dissolution notice, my client did not receive the 2002 uniform business report or any notices that payment had not been made.


Since the corporation did not receive the prior notices, and that this was an unintentional action, first time occurrence and my client was not aware of the situation until now, please find the above explanation to be reasonable cause to waive the reinstatement fee. Enclosed is a check in the amount of \$150 to cover the annual fee while we await your decision.

To avoid further problems, please mail future correspondence to the post office box as follows:

Rate Facts, Inc.
P.O. Box 916759
Longwood, FL 32791

If there are any questions, please do not hesitate to contact us. Thank you for your assistance in this matter.

Sincerely,


Deborah Werner, CPA

I agree with the above statements and declare them to be a true and accurate account of events concerning this matter. This declaration is made under the penalties of perjury.

Mark Chapman
Mark Chapman / President

10/29/02

Date