

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 MAR 15 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P940000 33627

1. Corporation Name

RAPIER USA, Inc.

Principal Place of Business

Mailing Address

1855 SW 97 PLACE

OCALA, FL 34478

SAME

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

2. New Principal Office Address, If Applicable

1855 SW 97 PLACE

3. New Mailing Office Address, If Applicable

1855 SW 97 PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OCALA, FL

City & State

OCALA FL

Zip

34476

Country

USA

Zip

34476

Country

USA

REINSTATEMENT

00-01

4. Date Incorporated or Qualified
To Do Business in Florida

MAY 4, 1994

5. FEI Number

65-0507078

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D/P/S	DAVID M. BARTLE	1855 SW 97 PL	OCALA, FL 34476
			LS

8. Name and Address of Current Registered Agent

DAVID M BARTLE

2380 SE 8 ST.

POMPANO BEACH, FL 33062

9. Name and Address of New Registered Agent

Name

DAVID M BARTLE

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

1855 SW 97 PL

Suite, Apt. #, Etc.

City

OCALA

State

FL

Zip Code

34476

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

David M Bartle

REGISTERED AGENT MUST SIGN

Date MARCH 12/01

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

David M Bartle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID M BARTLE, PRESIDENT

Date

MARCH 12/01 352 291 8600

Daytime Phone #

CR2E081 (12/98)