

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 MAR -2 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 094000060028

1. Corporation Name

Rail Financial Corp.

2. Principal Office Address

100 West Pinesloch Ave

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32856-8508

Country

USA

3. Mailing Office Address

PO Box 568508

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32856-8508

Country

USA

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

08/31/94

SP

5. FEI Number

Applied for

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

46-01

7. Name and Address of Current Registered Agent

Name

John L. Soileau

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

1970 Michigan Avenue

Suite, Apt. #, Etc.

Bldg. C

City

Cocoa

State

FL

Zip Code

32922

300003829289

-03/09/01--01136--08

***1500.00 ***1500.00

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 3/1/01

REGISTERED AGENT MUST SIGN John L. Soileau

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
P	Don Primi	c/o 100 West Pinesloch Ave	Orlando, FL 32856-8508
	Don Primi		

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

Daytime Phone #

12-7-2000

407-857-3645