

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



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

**FILED**

00 NOV -6 PM 3: 28

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # P94000068836**

1. Corporation Name

**RAF MANAGEMENT, INC.**

Principal Place of Business

Mailing Address

639 HOUSE WREN CIRCLE  
 PALM HARBOR FL 34683

639 HOUSE WREN CIRCLE  
 PALM HARBOR FL 34683



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

**REINSTATEMENT**

*2000*

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

09/19/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3278611

Applied For  
 Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
D	ANNIBALE, ROBERT	639 HOUSE WREN CIR.	PALM HARBOR FL 34683
			100003481211--4
			-11/30/00--01048--008
			****750.00 ****750.00
			LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROMAN & ROMAN  
 2196 MAIN ST.  
 SUITE L  
 DUNEDIN FL 34698

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.

Signature of Registered Agent

*[Signature]*  
 REGISTERED AGENT MUST SIGN

Date 11/2/00

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: *[Signature]* ROBERT ANNIBALE  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

16-15-00 (843) 294-7977  
 Date Daytime Phone #

CR2E040 (8/00)