

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV 25 AM 11:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000069200

1. Corporation Name  
RAYMO, INC.

2. Principal Office Address

3280 73 Place

Suite, Apt. #, etc.

City & State

Vero Beach FL 32967

Zip

32967

Country

USA

3. Mailing Office Address

3280 73 Place

Suite, Apt. #, etc.

City & State

Vero Beach FL 32967

Zip

32967

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

9/20/1994

5. FEI Number

65-0552294

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 2003**

**7. Name and Address of Current Registered Agent**

Name

Pierre Raymond

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

3280 73 Place

Suite, Apt. #, Etc.

City

Vero Beach

State

FL

Zip Code

32967

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

REGISTERED AGENT MUST SIGN

Date

11/20/2003

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/P	Pierre Raymond	3280 73 Place	Vero Beach, FL 32967

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 #

11/20/2003 (954) 540-8301