

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 OCT 18 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000071887

1. Corporation Name

RAISER CORPORATION

Principal Place of Business

Mailing Address

300 S POINTE DR #2702
MIAMI BEACH FL 33139

300 S POINTE DR #2702
MIAMI BEACH FL 33139



REINSTATEMENT

00

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

09/26/1994

SP

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0542115

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	City / State / Zip
1	2	3	4
PD	SEYMANDI, VALERIO	1921 ALTON ROAD SUITE 220 300 South Point Drive Unit 2702	MIAMI BEACH FL 33139

200003455482--2

-11/07/00--01091--002

****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GOLDEN, RICHARD A
11900 BISCAYNE BLVD SUITE 301
NO MIAMI BEACH FL 33181

Name

Valerio Seymandi

Street Address (P.O. Box Number is Not Acceptable)
300 South Point Drive

Suite, Apt. #, Etc.

Unit 2702

City

Miami Beach

State

FL

Zip Code

33139

10. I, being appointed the registered agent for the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date Oct. 16, 2000

CR2E040 (8/00)

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 REQUIRED
Valerio Seymandi, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct. 16, 2000

Date

Daytime Phone #

KOPPEN, WATKINS, PARTNERS & ASSOCIATES

A PROFESSIONAL ASSOCIATION
ATTORNEYS AT LAW

700 NORTHEAST 90th STREET
MIAMI, FLORIDA 33138-3206
TELEPHONE (305) 754-5442
TELEFAX (305) 757-6736

R. DANIEL KOPPEN
ATTORNEY AT LAW

VIA FEDERAL EXPRESS

October 17, 2000

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

In Re: APPLICATION FOR REINSTATEMENT OF RAISER CORPORATION

Dear Sir or Madame:

Enclosed find the original, duly signed Application for Reinstatement of Raiser Corporation, along with check no. 1166, in the amount of \$750.00, payable to the Department of State, drawn on the account of Raiser Corporation.

In the event the enclosed are not sufficient to promptly reinstate the corporation, kindly contact the undersigned.

Very truly yours,

KOPPEN, WATKINS, PARTNERS
& ASSOCIATES, a Professional Association



R. Daniel Koppen

RDK:pc3