

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 NOV 21 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000023418

1. Corporation Name
RAVE GROUP, INC.

Principal Place of Business
**1111 KANE CONCOURSE
SUITE 211
BAY HARBOR ISLAND
FL., 33154**

Mailing Address
**1111 KANE CONCOURSE
SUITE 211
BAY HARBOR ISLAND
FL., 33154**

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, if Applicable

3. New Mailing Address, if Applicable

4. Date Incorporated or Qualified
To Do Business in Florida **03/23/95**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number
65-0568281

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	MAHOMED, CASSIM	1111 KANE CONCOURSE SUITE 211	BAY HARBOR ISLAND FL., 33154

3000002356589-9
-11/25/97--01044--002
****750.00 ****750.00

REINSTATEMENT 97
sc 11-21-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**AMERILAWYER CHARTERED
343 ALMERIA AVE
CORAL GABLES, FL 33134**

Name
SPIEGEL & UTRERA P.A. DBA AMERILAWYER
Street Address (P.O. Box Number is Not Acceptable)
343 ALMERIA AVE

Suite, Apt. #, Etc.

City
CORAL GABLES

State Zip Code
FL 33134

10. I am appointing 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 By: *Natalia Utrera*
Natalia Utrera, Vice President

Date

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: *Sandra B. Mortham*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRP2040 (12/95)