

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 DEC 19 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000042171

1. Corporation Name

Rajah Corp.

2. Principal Office Address - No P.O. Box #

250 Barton Ave

Suite, Apt. #, etc.

3. Mailing Office Address

250 Barton Ave

Suite, Apt. #, etc.

City & State

Palm Beach FL

City & State

Palm Beach FL

Zip
33480

Country
USA

Zip
33480

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/31/1995

5. EEI Number

65-0591650

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
David Callaway

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

Suite, Apt. #, Etc.

City
Palm Beach

State
FL

Zip Code
33480

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

David Callaway

REGISTERED AGENT MUST SIGN

Date

12/12/07

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	David Callaway	250 Barton Ave	Palm Beach FL 33480
			000113561538 01/02/08--01045--010 **8.75
			000113561654 01/02/08--01045--011 **2400.0

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 contained in Chapter 119, 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:

David Callaway
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/12/07

(561) 833-2628

Daytime Phone #