

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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DOCUMENT # P96000013407

**1. Corporation Name**

R. A. G. AUTOMOTIVE ENTERPRISES

W01-19289

**2. Principal Office Address**

2604 Hwy 44 WEST

Suite, Apt. #, etc.

City & State

INVERNESS FL

Zip

34453

Country

ciTrus

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

SAME

Zip

Country

**REINSTATEMENT**

97-01

**4. Date Incorporated or Qualified  
To Do Business in Florida**

7-9-96

**5. FEI Number**

59-3360159

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

ROBERT GOOCHEN

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

6316 HARCROSS CT

Suite, Apt. #, Etc.

SPRING HILL FL

City

900004573199-0

-09/06/01--01089--020

\*\*\*1350.00 \*\*\*1350.00

State

FL

Zip Code

34606

**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

Robert Goochen  
(REGISTERED AGENT MUST SIGN)

Date 8-8-2001

**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
<u>Pres</u>	<u>ROBERT GOOCHEN</u>	<u>6316 HARCROSS CT</u>	<u>SPRING HILL FL 34606</u>
<u>Secy</u>	<u>Deborah</u>		

**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

8-8-2001

Date

352-344-9644

Daytime Phone #