PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF Secretary of State	2007 APR 16 AM 10: 36
DOCUMENT # P96000029202 1. Corporation Name		TALLAHASSEE, FLORIDA
RAKA, Inc.		100098021811 04/23/0701047017 **458.75
2. Principal Office Address - No P.O. Box # 3490 Oleander Ave. Suite, Apt. #, etc.	3. Mailing Office Address 3490 Olenander Ave	CR2E081 (1/07)
City & State Fort Pierce, Fl	City & State Fort Pierce, Fl	4. Date Incorporated or Qualified To Do Business in Florida 3/28/96 5. FEI Number Applied For
Zip Country 34982 USA	Zip Country 34982 USA	65 - 0655421 Not Applicable 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address o	Current Registered Agent	
Name Larry W. Steeves Street Address (P.O. Box Number is Not Acceptable) 3490 Oleander Ave. Suite, Apt. #, Etc. City State Zip Code		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.
Fort Pierce, FL 34982		
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 Date REGISTERED AGENT MUST SIGN		
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 Addr Officer and	
PD Larry W. Steeves 3490 Oleander Ave. Fort Pierce, Fl 34982		
REINSTATEMENT 05~0		
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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Daytome Phone #		