

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 10 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 96000078795

1. Corporation Name

R.A.S. MANAGEMENT HOLDINGS, INC.

REINSTATEMENT 00-02

700009443097

12/10/02--01096--010 **908.75

2. Principal Office Address

3404 Bridgewood DR.

Suite, Apt. #, etc.

3. Mailing Office Address

3404 BRIDGEWOOD DR.

Suite, Apt. #, etc.

City & State

BOCA RATON, FL.

City & State

BOCA RATON, FL

Zip

33434

Country

Zip

33434

Country

4. Date Incorporated or Qualified
To Do Business in Florida

9/20/1996

5. FEI Number

65-0780956

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

GEOFFREY D. SITOMER

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

3404 BRIDGEWOOD DRIVE

Suite, Apt. #, Etc.

City

BOCA RATON

State
FL

Zip Code

33434

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

REGISTERED AGENT MUST SIGN

Date

12/7/02

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	RICHARD A SITOMER	35 East 84th St #6-D	NY, NY 10028

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

12/7/02

Date

917-331-5152

Daytime Phone #

CR2E081 (9/01)

gs nln