

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 JUL 27 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000019642**

1. Corporation Name

R.A.C. ENTERPRISES, INC.

W-18657

2. Principal Office Address

10135 Gate Parkway

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32246

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

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

3/4/97

5. FEI Number

59-1681708

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT **08-00**

7. Name and Address of Current Registered Agent

Name

Fred L. Ahern, Jr.

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

2215 South Third Street, Suite

Suite, Apt. #, Etc.

Suite 101

City

Jacksonville Beach

State
FL

Zip Code

32250

400003386524-3
-09/08/00-01052-002
*****1058.75 ***1058.75**

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

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
DPS	Ronald J. Barnaba	10135 Gate Parkway	Jacksonville FL 32246
DVPT	Carol Conte-Barnaba	10135 Gate Parkway	Jacksonville FL 32246

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

Ronald J. Baranaba

6/23/00

Date

904/725-9155

Daytime Phone #