PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

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1. Corporation Name

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RADABAUGH INVESTMENTS, INC.			SECR	idaky mbe	2年基本的 1 xc			
			•		TALLA	HASSEE, FL	ORIDA	
Principal Place of Business	Mailing Addr	ess		-			i ta	
352 NE Third Avenue		Third Aver				خوان اوران	e de la companya de l	
Delray Beach, FL 33444		Beach, FL			٠		A PARTY	
Dellay Beach II 55444	beach, FL	22444	1		44. E d 1500	N Age		
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If above addresses are incorrect in any way, line thro 2. New Principal Office Address, If Applicable			B B B B Band U DAZ	18.0 8				
2. New Philopal Office Address, II Applicable		ng Office Address, If			porated or Qualified iness in Florida	i celibor ka	261 3 620	
Suite, Apt. #, etc.	Suite, Apt. #,	etc Un Sala ar	and which were	5. FEI Numb			Auras 2	
City & State	City & State	ichte whichtige	en erene wa Tana	1 75-	MY1.5525	7(5525 Not Applied For Not Applied For		
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Zip Country # And The Country	ZP W TO	Country Country		CERTIFICA	E OF STATUS DESIRED		onal Fee required scate of Status	
7. Names and Street Addresses of Each Officer and/	or Director (Flo	nda nonprofit corpora	tions must list at lea	ast 3 directors) R	BANKA JANGA	Ord State		
*Title(s) Name of Officers	We die la	A NAVIECUAY Str	eet Address of Each	PARTY AND A STATE OF THE STATE	MEN DELET	City / State / Zipul		
2. Et al la		3 A (Do NOT, U	e Post Office Box	Vumbers)	4.7			
P/D Morgan Russell	33 Charten	352 NE T	ird Avenue	LUCKA MEDIA	To Traville	AL FINES	57.72 S	
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8. Name and Address of Current F	legistered Age		Transminer Section 18.0		Address of New Regis	stered Agent	ROWSE FOR THE	
6. Name and Address of Current P	iegiatereu Age		Name	* Haine and	Address of New Regis	stered Agent		
Michael A. Schroeder, Esq.								
Schroeder and Larche, P.A.	•		Street Address (F	2.O. Box Number	r is Not Acceptable)	in a summa summa dell'idio es	2	
2255 Glades Road, Suite 319.	• •	Suite, Apt. #, Etc.						
Boca Raton, Florida 33431			City			State Zip Cod		
. 0 ~	α	1.5	City	4.	e de la companya de l La companya de la companya de	State Zip Cod		
10. I, being appointed the registered agent of the about	e named corpo	ration, am familiar wit	th and accept the of	oligations of Sec	ion 607.0505, F.S.	[] 	- 529	
Signature of	s sed.		, f	·	··· page 9/1/	81 🚉	THE STATE OF	
Registered Agent	GISTERED AGI	ENT MUST SIGN			Date	12		
11. Does this corporation pay a	ny intana	ible tay to th	Δ		/5	Page 47		
Dept. of Revenue under S.				X No [ther side for inform on intangible tax.)	i	
Dopt. of Notorido dildor of						1 % 3.		
12. I certify that I am an officer or director or the receiv	er or trustee em	powered to execute t	his application as p	rovided for in ch	apter 607 or 617, F.S. I	further certify that	when filing	
this reinstatement application, the reason for dissol owed by the corporation have been paid and the n	anges of individu	uals listed on this form	n do not qualify for a	an exemption un	der section 119.07(3)(i), F.S. The informն	ation indicated	
on this application is true and accurate, and my sign	nature shall hav	e the same legal effe	ct as if made under	oath.				
	11				1.1	~ \		

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR