

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 APR 22 AM 10:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **p97000043542**

1. Corporation Name
RADABAUGH INVESTMENTS, INC.

2. Principal Office Address
172 NE 2ND AVENUE

Suite, Apt. #, etc.

City & State
DELRAY BEACH, FL

Zip Country
33444 US

3. Mailing Office Address
1300 N Federal Hwy.

Suite, Apt. #, etc.

City & State
Boca Raton

Zip Country
33432 US

4. Date Incorporated or Qualified
To Do Business In Florida **05/16/1997**

5. FEI Number
650765525

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
MICHAEL W. SIMON

Street Address (P.O. Box Number is Not Acceptable)
120 EAST PALMETTO PARK RD

Suite, Apt. #, Etc.
100

City
BOCA RATON

State Zip Code
FL 33432

600055207256
05/24/05--01087--002 **1050.00

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

[Signature]

Date **MARCH 18, 2005**

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 Address of Each Officer and/or Director	City / State / Zip
PST	MORGAN RUSSELL	172 NE 2ND AVE	DELRAY BEACH, FL 33444

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 parties of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), 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]*

March 18, 2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2001 (01/03)