

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

00 NOV -6 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000082023

1. Corporation Name

RAE BAR INVESTMENTS INC.

Principal Place of Business

Mailing Address

1740 SE CLEARMONT ST
PORT ST LUCIE FL 34983

1740 SE CLEARMONT ST
PORT ST LUCIE FL 34983

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

09/22/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0758905

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	PERRY, PAMELA R	1740 SE CLEARMONT ST	PORT ST LUCIE FL 34983

4000003463444--0
-11/14/00--01035--002
****750.00 ****750.00

LS

8. Name and Address of Current Registered Agent

PERRY, BARBARA
532 SE THORNHILL DR
PORT ST LUCIE FL 34983

9. Name and Address of New Registered Agent

Name Perry Barbara
Street Address (P.O. Box Number is Not Acceptable) 162 SE Walters TER
Suite, Apt. #, Etc.
City Port Saint Lucia State FL Zip Code 34984

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Barbara Perry
REGISTERED AGENT MUST SIGN

Date

11/3/00

561 871-2783

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

Date

11/3/00

Daytime Phone #

561-785-9403