

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



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

DOCUMENT # P980000010188

1. Corporation Name

R.A.P. VENTURES, INC.

2. Principal Office Address

5005 34TH STREET N.

3. Mailing Office Address

5005 34TH STEET N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL

City & State

ST. PETERSBURG, FL

Zip

33714

Country

USA

Zip

33714

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/02/98

5. FEI Number

59-3502757

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

CHARLES F. ARNOLD

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

1701 9th Street North

Suite, Apt. #, Etc.

City

St. Petersburg

State

FL

Zip Code

33704

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

3/22/02

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
PD	PRASAD, RAM A.	5005 34th Street N.	St. Petersburg, FL 33714

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] RAM A. PRASAD
AS PRESIDENT

3/22/02 727 525-1181

Date

Daytime Phone #

FILED

02 MAR 22 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2000-2001 UBR

CR2E081 (9/01)

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**R.A.P. VENTURES INC.
5005 34th Street North
St. Petersburg, Florida 33714
(727) 525-1181**

March 22, 2002

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Re: Reinstatement Fee Waiver for R.A.P. Ventures Inc.

Ladies and Gentlemen:

Our firm never received the 2001 Annual Business Report to complete and submit for the calendar year 2001. I have made full inquiry to all appropriate office staff before making this statement and representation. We would now like to reinstate the company pursuant to the attached Reinstatement Application and Request you waive statutory penalty fee. Attached is our check in the sum of \$308.75 for 2001 and 2002 annual fees and \$8.75 for a certificate of status. Please call me or our corporate counsel with any questions or difficulties with this request. Thank you for your kind attention to this matter.

Sincerely yours,



Ram A. Prasad, President, Director and Sole Shareholder

Via Overnight Delivery

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