

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
REINSTATEMENT



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

DOCUMENT # P98000013518

1. Corporation Name

RAVING ET, INC.

Principal Place of Business

40347 US 19TH NORTH
SUITE 134
TARPON SPRINGS FL 34689

Mailing Address

40347 US 19TH NORTH
SUITE 134
TARPON SPRINGS FL 34689

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

2. Old Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt #, etc

Suite, Apt #, etc

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/11/1998

5. FEI Number

59-3491568

Applied For

Not Applicable

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
PSTD	FERRO, MARK	40347 US 19TH NORTH, SUITE 134	TARPON SPRINGS FL 34689

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

Mark Ferro

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

40347 US 19 N

Suite, Apt. #, Etc.

Suite 134

City

Tarpon Springs

State
FL

Zip Code
34688

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

Mark Ferro

REGISTERED AGENT MUST SIGN

Date 10-22-99

11. 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:

Mark Ferro, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-22-99 721-560-2777

Date

Daytime Phone #

CR204C (8/99)