

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 MAR 15 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P98000059481

1. Entity Name
RAVEN OF TAMPA, INC.

Principal Place of Business 322 11TH AVE N SAINT PETERSBURG, FL 33701 US	Mailing Address 322 11TH AVE N SAINT PETERSBURG, FL 33701 US
---	---

2. Principal Place of Business - No P.O. Box # 322 11th Ave N 701 6th St. S. City & State St. Petersburg FL	3. Mailing Address 2360 Woodlawn Cir E. City & State St. Petersburg FL
--	---

02232007 REIN-P CR2E098 (1/07)

4. FEI Number 59-3526305	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

Zip 33701	Country Pinellas	Zip 33704	Country Pinellas
--------------	---------------------	--------------	---------------------

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MAROTTO, ROBERT *# wrong address*
322 11TH AVE N
SAINT PETERSBURG, FL 33701

Moved & never received mail

7. Name and Address of New Registered Agent

Name *Same*

Street Address (P.O. Box Number is Not Acceptable)
2360 Woodlawn Cir. E.

City *St. Petersburg* FL Zip Code *33704*

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *[Signature]* Robert T. Marotto DATE: *2-23-07*

(NOTE: Registered Agent signature required when reinstating)

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAROTTO, ROBERT 322 11TH AVE N SAINT PETERSBURG, FL 33711	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MAROTTO, HOPE C 322 11TH AVE N. SAINT PETERSBURG, FL 33701	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	600095163806 03/28/07--01036--010 **300.00	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

REINSTATEMENT 06-07

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* Robert T. Marotto DATE: *2-23-07* 727-776-0605

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

RC 3/20