

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000062333  
1. Corporation Name RAGAN DEVELOPMENT CORP.

2. Principal Office Address

1936 SW WOOD DUCK LN

Suite, Apt. #, etc.

3. Mailing Office Address

← SAME

Suite, Apt. #, etc.

City & State

PALM CITY, FLORIDA

City & State

← SAME

Zip

34990

Country

USA

Zip

← SAME

Country

← SAME

4. Date Incorporated or Qualified  
To Do Business in Florida

7-15-1998

5. FEI Number

05-0852101

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

PAUL R. RAGAN

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

1936 SW WOOD DUCK LANE

Suite, Apt. #, Etc.

City

PALM CITY

State

FL

Zip Code

34990

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

Paul R. Ragan

Date

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
Pres.	PAUL RAGAN	1936 SW WOOD DUCK LANE	PALM CITY, FL 34990

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/03  
Date

772 597 1465  
Daytime Phone #

CR2E081 (10/02)

*Ragan Development Corporation*



1936 SW Wood Duck Lane  
Palm City, FL 34990  
561-597-1466  
Fax: 561-597-1467

Florida Department of State  
Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

June 9, 2003

To whom it may concern:

Please accept this reinstatement form along with a check in the amount of Three hundred dollars and 00 cents (\$300.00) as payment for my 2002-2003 Corporation.

We have moved from the address that you currently have and upon instruction from a clerk from you office, I am sending you the new address, reinstatement form and the check.

New address: **1936 SW Wood Duck Lane**  
**Palm City, Florida 34990**  
**tel: 772-597-1466**  
**fax: 772-597-1467**

Please waiver the \$600 reinstatement fee due to the fact that our address had changed.

Sincerely,



Paul Ragan

PRR/cor  
enclosures

cc:file