

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000013358

1. Corporation Name

L.G. RADER AND ASSOCIATES, INC.

2. Principal Office Address

16105 NE 18th Ave

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

No. Miami Bch, FL

Zip

33162

Country

USA

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0898709

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

Victor K. Rones

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

16105 NE 18th Ave

Suite, Apt. #, Etc.

City

No. Miami Beach, FL

State

FL

Zip Code

33162

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

2/8/06

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
D	Lance Rader.	16105 NE 18th Ave	No Miami Beach FL 33162

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 807 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 807.0401 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 contained in Chapter 118, 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

2/8/06

Daytime Phone #

FILED
FEB 13 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 05-06

T. Roberts
CR2E081 (12/05)

B 2 94

LAW OFFICES
RONES & NAVARRO

A PARTNERSHIP OF PROFESSIONAL ASSOCIATIONS
16105 N.E. 18TH AVENUE
NORTH MIAMI BEACH, FL 33162

VICTOR K. RONES
LAWRENCE J. NAVARRO

PHONE (305) 945-6522
FAX (305) 940-2277

February 8, 2006

Department of State
Division of Corporation
Corporate Filing
P.O. Box 6327
Tallahassee, Florida 32314

Re: L.G. Rader & Associates, Inc.

Dear Sirs/Mesdames:

In accordance with our conversation with your department, we are enclosing herein the following documents for filing:

1. Affidavit executed which provides an explanation as to the reason why the 2005 Annual Report was never filed;
2. Corporation Reinstatement Form; and
3. Our check in the amount of \$300.00 representing the fee for the filing of the reinstatement - taking into consideration the fee due for the 2005 annual report and the 2006 annual report.

Please process our request and advise if there is any other information which you will need. We thank you in advance for your courtesy and cooperation.

Yours truly,

By: _____

Victor K. Rones

VKR/hg-Encls

PS 4 84

7. We do hereby apologize for not having filed the Annual Report forms for 2005, but said forms and/or notification thereof was never received by us, and as a result of the foregoing, we failed to have same filed and paid.

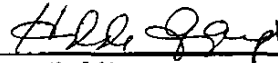
Further Affiant Sayeth Not.



Lance Rader, Director and Officer of L.G.
RADER AND ASSOCIATES, INC.

The foregoing was sworn and subscribed before me by LANCE RADER, who acknowledged that he was empowered to and that he did execute the foregoing Affidavit on behalf of L.R. RADER & ASSOCIATES, INC., for the purposes therein intended.

Dated this 8th day of Feb, 2006.



Notary Public
State of Florida at Large

My Commission Expires:

