

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



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

FILED

01 JUL 26 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *PPA000015140*

1. Corporation Name

Rat's Hole, INC.

2. Principal Office Address

6062 32nd St N

Suite, Apt. #, etc.

3. Mailing Office Address

6062 32nd St N

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

Zip

33714

Country

USA

Zip

33714

Country

USA

000004534380-8
20000101-011

4. Date Incorporated or Qualified
To Do Business in Florida

02/15/99

5. FEI Number

☒ 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

KARL G. SMITH

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

6062 32nd St North

Suite, Apt. #, Etc.

City

ST. PETERSBURG

State

FL

Zip Code

33714

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

REGISTERED AGENT MUST SIGN

Date

7-24-01

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
<i>VICE PRESIDENT</i>	<i>TINA Toltscheff</i>	<i>6062 32nd St N</i>	<i>ST. PETERSBURG, FL 33714</i>
<i>P.</i>	<i>Karl G. Smith</i>	<i>6062 32nd St N</i>	<i>St. Petersburg, FL 33714</i>

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

Date

Daytime Phone #

Karl G. Smith

7-24-01

727-575-4344

CR2E081 (9/00)

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To Whom It May Concern,

I am currently interned in Avanti rehab center near Leesburg, Florida (admin phone number 352-787-3545) because of a series of heart attacks I have experienced since August of 2000 and in March of 2001 and a stroke suffered about a year prior to this. I am currently under going treatment for my heart. As a result I have not been to the business address listed on my incorporation papers in close to 2 years and was not aware of a due UBR, hence a friend has discovered that I am in a dissolved state with my corporation Rat's Hole Inc. and he has been told I need to file the enclosed documents with a check for \$300 for the \$150.00 a year filings I missed in 2000 and 2001. I would hope dearly my circumstances would waive any penalties and I can be re-instated as soon as possible. All of above can be verified via medical records if need be. I am very sorry that I was unable to receive and complete the reports and want to make good on keeping my corporation in good standing with the State of Florida. Any consideration you may give me will be greatly appreciated. If there are any questions or concerns feel free to call me in my room at the rehab phone number 352-314-0576,

Yours

Karl Smith
Rat's Hole, Inc.

