

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 DEC 21 AM 9:37

DOCUMENT # P99000035728

1. Corporation Name

Raskle Properties, Inc.

2. Principal Office Address - No P.O. Box #

7086 Tate Creek Road

Suite, Apt. #, etc.

City & State

Lexington, KY

Zip

40515

Country

USA

3. Mailing Office Address

7086 Tate Creek Road

Suite, Apt. #, etc.

City & State

Lexington, KY

Zip

40515

Country

USA

900163472069
12/09/09--01028--017 **450.00
REINSTATEMENT 06-09

KS

4. Date Incorporated or Qualified
To Do Business in Florida 04/09/2003

5. FEI Number

593573260

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

Burke, Matthew T.

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

1980 North Atlantic Avenue

Suite, Apt. #, Etc.

Suite 707

City

Cocoa Beach

State

FL

Zip Code

32931

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Matthew T. Burke CPA

REGISTERED AGENT MUST SIGN

Date

12/1/09

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 | Harriet L. Allen | 7086 Tate Creek Road | Lexington, KY 40515 |
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| | | | |

900163472069
12/22/09--01004--020 **150.00

10. E-mail Address: tacketnallen@aol.com

(To be used for future annual report notification)

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. I further certify 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:

Harriet L. Allen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-1-09

Daytime Phone #