

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
04 SEP 29 PM 1:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P9900054065

**1. Corporation Name**

B. Ragan, Inc.

1300 St. Charles Place  
1300 St. Charles Place

**2. Principal Office Address**

1300 St. Charles Place

**Suite, Apt. #, etc.**

319

**City & State**

Pembroke Pines, FL

**Zip**

33026-3336

**Country**

USA

**3. Mailing Office Address**

1300 St. Charles Place

**Suite, Apt. #, etc.**

319

**City & State**

Pembroke Pines, FL

**Zip**

33026-3336

**Country**

USA

400041439194  
09/29/04--01022--002 \*\*900.00

DEMOGRAPHIC

**4. Date Incorporated or Qualified**  
To Do Business in Florida 6/14/99

**5. FET Number**  
22-3659398

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**

Steven Brent Ragan

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

1300 St. Charles Place

**Suite, Apt. #, Etc.**

319

**City**

Pembroke Pines

**State**  
FL

**Zip Code**

33026-3336

**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

*Steven Brent Ragan*  
REGISTERED AGENT MUST SIGN

Date 006/29/2004

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip            |
|--------|--------------------------------------|---|-------------------------------|
| P,F,T  | Steven Brent Ragan                   | 1300 St. Charles Place # 319                      | Pembroke Pines, FL 33026-3336 |
|        |                                      |   |                               |
|        |                                      |   |                               |
|        |                                      |   |                               |
|        |                                      |   |                               |
|        |                                      |   |                               |

**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:**

*Steven Brent Ragan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

06/29/2004 (954) 450-6691

CR2E081 (01/04)