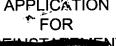
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR





FLORIDA DEPARTMENT OF STATE

FILED

00 NOV 20 PM 12: 27 SECRETARY OF STATE TALLAHASSEE FLORIDA

P99000063846 OCUMENT #

1. Corporation Name

R.A.I.R., INC.

#

Principal Place of Business

Mailing Address

126 HIGHLAND AVE.

126 HIGHLAND AVE.



EDGEWATER FL 32141			EDGEWATER FL 32141			E 1 1901 1901 19 191 191 190 11 80 11 80 11 80 11 80 11 80 11 80 11 80 11 80 11 80 11 80 1			
If above a	ddresses are	incorrect in any way, line th	rough incorrect in	nformation and	enter correction below.				
		Address, If Applicable	3. New Maili	g Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 07/12/1999			
Suite, Apt. #, etc.				, etc.		5. FEI Number Applied For			
City & State		City & State			59-3600 838 Not Applicable				
Zip Country		Country	Zip Country		Country	CERTIFICATE OF STATUS DESIRED 6 S8.75 Additional Fee required for a Certificate of Status			
7. Names	and Street Ad	dresses of Each Officer and	d/or Director (Flo	orida nonprofit o	corporations must list at l	east 3 directors)			
Title(s) Name of Officers and/or Directors				3	Street Address of Ea Officer and/or Direct				
D	HALL, RONALD C			126 HIGHLAND AVE.			EDGEWATER FL 32141		
D	HALL, JESSICA L			126 HIGHLAND AVE.			EDGEWATER FL 32141		
<u>-</u>				 					
							000034	931	0206
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	(-	****150	.00	****158.80
							<u> </u>		
									ł
8. Name and Address of Current Registered Agent Name						9. Name and Address of New Registered Agent			
HALL, RONALD C 126 HIGHLAND AVE.					- Street Address	Name Street Address (P.O. Box Number is Not Acceptable)			
EDGEWATER FL 32141					Suite, Apt. #, E	Suite, Apt. #, Etc.			
				-	City			State	Zip Code
10. I, bein	g appointed th	ne registered agent of the al	bove named corp	oration, am far	niliar with and accept the	obligations of Sec	tion 607.0505, F.S.		
Signature of Registered	of I Agent	<u> </u>	FEGISTERED AG	E RE	QUIRED	<u> </u>	Date		
		<u> </u>							
this rei	instatement ap	officer or director or the rec plication, the reason for dis tion have been paid and the true and accurate, and my	solution has bee e names of indivi	n eliminated, th iduals listed on	ie corporate name satisfi this form do not qualify f	es the requirement or an exemption ui	s of section 607.0401 o	r 617.04	U1, F.S., that all fees
]	- F F 10	0							
		ekolloli	in Red	PELLO	MOED		25-00 (407)	・フつ	KE
SIGNA	TURE:	GNATURE AND TYPED OR P	RINTED NAME OF	SIGNING OFFIC	ER OR DIRECTOR	10-0	Date (70 //	<u>ンン</u> Day	/time Phone #



2012 P99000063846

TO: DIVISION OF CORPORATIONS

DUE TO THE FACT THAT I JUST STARTED THIS COMPANY LAST YEAR AND I JUST RECEIVED THIS REPORT AND THAT I HAD NO IDEA ABOUT THIS TAX. PLEASE ACCEPT THIS CHECK FOR PAYMENT. AND NOW THAT I AM AWARE OF SAID TAX FURTHER PAYMENTS WILL BE ON TIME.

SINCERELY

RONALD HALL