

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

APPLICATION
FOR
~~REINSTATEMENT~~

FLORIDA DEPARTMENT OF STATE
Matthew J. Harris
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # P99000063846

1. Corporation Name

R.A.I.R., INC.

Principal Place of Business

126 HIGHLAND AVE.
EDGEWATER FL 32141

Mailing Address

126 HIGHLAND AVE.
EDGEWATER FL 32141

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/12/1999

5. FEI Number

59-3600838

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	HALL, RONALD C	126 HIGHLAND AVE.	EDGEWATER FL 32141
D	HALL, JESSICA L	126 HIGHLAND AVE.	EDGEWATER FL 32141

000003493020--6
-12/11/00--01024--021
***150.00 ***150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HALL, RONALD C 126 HIGHLAND AVE. EDGEWATER FL 32141	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	Suite, Apt. #, Etc.	
	City	State FL
	Zip Code	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

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 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]
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-25-00 (407) 331-9828

KE



Aircraft Interior Refurbishment
Composite Cabinetry and Woodworking

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