PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV 29 PM 12: 57

DOCUMENT #
1. Corporation Name

R.A.I.R INC.
P99000063846

REINSTATEMENT 02-05
CR2E081 (8/05)

2. Principal Office Address
244 RoBin Rd

Suite, Apt. #, etc.

City & State
Altamonte springs, FL

Zip 32701   Country USA

3. Mailing Office Address
244 RoBin Rd

Suite, Apt. #, etc.

City & State
Altamout springs, FL

Zip 32701   Country USA

4. Date Incorporated or Qualified To Do Business in Florida   7-12-1999

5. FEI Number   593600838   ☐ 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   Ronald C Hall Jr

Street Address (P.O. Box Number is Not Acceptable)   244 RoBin Rd

300061746083
11/29/05--01025--003 **128.75

Suite, Apt. #, Etc.

City   Altamoute springs   State FL   Zip Code 32701

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 _____   Date 11-28-05

REGISTERED AGENT MUST SIGN

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	Ronald C Hall	244 RoBin Rd	Altamoute springs FL 32701

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: _____   11-28-05   407-427-6578

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #