

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1062

APPLICATION FOR REINSTATEMENT OF FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000095848

1. Corporation Name

RAVEN MANAGEMENT CORPORATION

Principal Place of Business

101 BAY STREET
DAYTONA BEACH FL 32118

Mailing Address

101 BAY STREET
DAYTONA BEACH FL 32118

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

11/01/1999

5. FEI Number

59-3616948

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
PD	BUTTERS, DAVID	101 BAY STREET	DAYTONA BEACH FL 32118
VSTD	BUTTERS, CLAUDIA	101 BAY STREET	DAYTONA BEACH FL 32118

900003500539--7
-12/13/00--0110--011
***150.00 ***150.00

8. Name and Address of Current Registered Agent

BUTTERS, DAVID
821 GEORGE HECKER DRIVE
SOUTH DAYTONA FL 32119

9. Name and Address of New Registered Agent

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

David Butters
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED40 (800)

2012

Dept of State
Secretary of State
Division of Corporations
PO Box 6327
Tallahassee FL 32314

November 27, 2000

Re: Raven Management Corporation

The taxpayer requested I write on their behalf regarding the annual renewal fee related to their corporation. The taxpayer sought the legal council to Incorporate and they were not made fully aware of the annual requirement come January 2000 to re-file, nor did they have any knowledge to know they had not received their annual report. We still do not understand who may have received the Annual Report. The taxpayer took over the lease on Bay Street 3/1/00 and their primary residence has not changed.

The taxpayer was shocked to discover the document indicating that they were being administratively dissolved. In talking to your office we were instructed to write and make the request to abate the penalty assessment along with enclosing the original filing fee and the necessary forms. Please find all items as instructed.

We apologize for any inconvenience we may have caused, and we certainly appreciate your efforts regarding this matter. In the event you need any additional information, please feel free to contact us and we will promptly respond.

Sincerely,


Mary Knepley
Enrolled Agent

cc: Raven Management Corp