

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS  
W04000015452

FILED  
04 MAY -4 AM 11:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # S 35612

1. Corporation Name

Rapid Inc.

2. Principal Office Address

8550 N.W. 61 Street

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip  
33166

Country  
U.S.A

3. Mailing Office Address

8550 N.W. 61 Street

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip  
33166

Country  
U.S.A

**REINSTATEMENT 0004**

4. Date Incorporated or Qualified  
To Do Business in Florida

March 5 1991

5. FEI Number

65-0244353

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$375 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

GARTH F. BAILEY

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

8550 N.W. 61 STREET

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33166

000033095640  
04/19/04--01058--034 \*\*1350.00

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

*Garth F. Bailey*

REGISTERED AGENT MUST SIGN

Date

4/15/04

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
President	GARTH F BAILEY	8550 NW 61 STREET	Miami Florida 33166

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:

*Garth F. Bailey*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/04

Date

305-594-7085

Daytime Phone #

CR2E081 (10/02)