

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # V35289

1. Corporation Name

RAGLAN GROUP, INC.

Principal Place of Business

1781 NW 79TH AVE.
MIAMI FL 33126

Mailing Address

1781 NW 79TH AVE.
MIAMI FL 33126

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/08/1992

5. FEI Number

65-0336800

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)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|-------------------------|
| D | CLEMENTS, JOHN | 1781 NW 79 AVE. | MIAMI FL 33126 |
| SD | COATES, GILES | 1781 NW 79 AVE | MIAMI FL 33126 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

800004724528--9
12/13/01 01041 015
****200.00 ****200.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

PARKER, CLAYTON EQUIRE
201 S. BISCAYNE BLVD.
SUITE 2000
MIAMI FL 33131

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11/10/01

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

11/26/01 305 594 7300
Date Daytime Phone #

FILED

01 NOV 16 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



9/10/01 90059-002 \$550.00

CR2040 (8/01)

282

**Raglan Group Corp.
1781 NW 79th Avenue
Miami, Florida
33126**

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, Florida
32314-6327

November 6, 2001

Dear Sir or Madam:

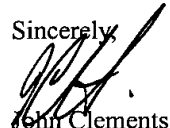
Herewith please find check number 1004 dated November 6, 2001, in the amount of \$200.00 for additional payment for document V35289 for Raglan Group, Inc.

It appears we have already paid in a previous check the \$550.00 reinstatement fee. Enclosed is a copy of front and back of cancelled check number 1001 dated August 29th, 2001 in the amount of \$550.00.

Please review your records and we would like your consideration to waive the additional \$200.00 if at all possible.

Thank you for your cooperation.

Sincerely,


John Clements
Raglan Group, Inc.
Officer