PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. /%2 * APPLICATION FOR REINSTATEMENT FLORIDA DEPARTMENT OF STATE Katherine Harris Scretary of State Division of corporations /%2 DOCUMENT # V352899 1. corporation Name RAGLAN GROUP, INC. FILE D Principal Place of Business Mailing Address 1781 NV 79TH AVE MMMI FL 39126 Mailing Address 12 bow addresses are incorrect in any way, line through incorrect information and enter correction below. 9/10/bo 1 92059 - cD 2 9550 2. New Principal Office Address, II Applicable 8. New Mailing Office Address, II Applicable 8. New Mailing Office Address, II Applicable 8. New Mailing Office Address, II Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number 8. State 05/08/1992 2/p Country Zip Country 8. Steel Address of Each Officer and/or Director (Fordia nonprofil corporations must list at least 3 directors) 8. Steel Address of Each Officers 3. Steel Address of Each 1/10 1 Name of Officers 3 Officer and/or Director 4 Chy / State / Zip 2/p Country 2 Steel Address of Each Chy / State / Zip 3. Steel Address of Eac	
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*****200.000 ****200.00 REINSTALESTER	
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent	
201 S. BISCAYNE BLVD.	
MIAMI FL 33131	
City State Zip Code FL	
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 1 00000000000000000000000000000000000	11897∓→D
11. I certify that I am an officer of 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 gignature shall have the same legal effect as if made under oath.	
SIGNATURE: SIGNATURE AND DIRE OF SIGNING OFFICER OR DIRECTOR SIGNATURE: SIGNATURE AND DIRECTOR Date Date Date Date Date Date Date Date	

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

November 6, 2001

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

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.

Sincerel

John Clements Raglan Group, Inc. Officer

