

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1081

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 OCT 21 PM 12:04

DOCUMENT # V63477

1. Corporation Name

RATNER CONSTRUCTION CORP.

2. Principal Office Address

5820 SE HWY 314 A

Suite, Apt. #, etc.

City & State

OCKLAWAHA, FL

Zip

32179

Country

3. Mailing Office Address

5820 SE HWY 314 A

Suite, Apt. #, etc.

City & State

OCKLAWAHA, FL

Zip

32179

Country

REINSTATEMENT 01-04

GP

4. Date Incorporated or Qualified To Do Business in Florida

09/14/1992

5. FEI Number

650363012

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

STEVEN RATNER

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

5820 SE HWY 314 A

Suite, Apt. #, Etc.

City

OCKLAWAHA

State

FL

Zip Code

32179

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

*[Handwritten Signature]*

REGISTERED AGENT MUST SIGN

Date 10-19-04

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
P	STEVEN RATNER	5820 SE HWY 314 A	OCKLAWAHA, FL 32179
S	MICHAEL RATNER	5820 SE HWY 314 A	OCKLAWAHA, FL 32179

700042392277  
11/02/04--01016--013 \*\*600.00

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:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-19-04

Date

352-625-8528

Daytime Phone #

CR2E081 (10/02)

102

DATE: 10-14-04

TO: **DIVISION OF CORPORATIONS  
REINSTATEMENT SECTION**

FROM: **MICHAEL RATNER  
RATNER CONSTRUCTION CORP.**

We did not receive from you the Uniform Business Report during the years 2001, 2002, 2003 and 2004.

Please file our reinstatement.

If you have any questions please contact us at 352-625-8528.

Thanks,



**MICHAEL RATNER  
RATNER CONSTRUCTION CORP.**