

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -6 AM 9:44

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P01000064780

1. Corporation Name

RAIZALEX, INC.

Principal Place of Business

2916 AUTUMN RUN
ORLANDO FL 32822

Mailing Address

2916 AUTUMN RUN
ORLANDO FL 32822

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

4. Date Incorporated or Qualified
To Do Business in Florida

06/27/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3742703

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	LABORDE, MARIA	2916 AUTUMN RUN	ORLANDO FL 32822

700008835567
11/06/02 01121-009 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LABORDE, MARIA
2916 AUTUMN RUN
ORLANDO FL 32822

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10-30-02

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 #

10-30-02 (407) 823-8994

Raizalex, Inc.
2916 Autumn Run Place
Orlando, FL 32822
(407) 823-8994

October 30, 2002

Florida Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Raizalex, Inc. - Doc. # P01000064780 - Dissolution / Revocation

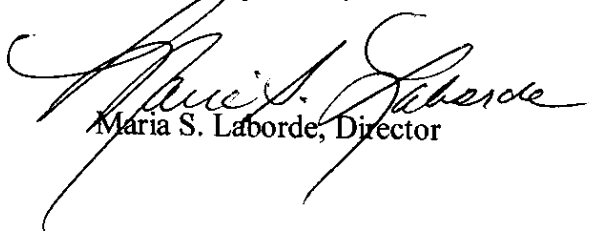
Dear Madam or Sir:

We received a notice of dissolution/revocation from your department for failure to file. However, we mailed the original form in January 2002. The form was sent back to us in April stating the fee was not received with the report. Since then we have not received a second notice or any other documentation regarding this issue until the dissolution notice came.

We are enclosing a check for \$150.00 in addition to the application and respectfully asking that you consider waving the penalty. As you can see, our intentions were sincere in filing this in a timely manner.

Thank you for your consideration to this matter. If you have any questions, please feel free to contact me at (407) 823-8994 or my bookkeeper, Sally Gray, at (407) 380-0893.

Respectfully Yours,



Maria S. Laborde, Director