

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 APR 20 AM 9:19

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT #**

1. Corporation Name

RAC Framing INC. P04000131966

2. Principal Office Address - No P.O. Box #

111 1st Street

Suite, Apt. #, etc.

City & State

Dundee Fl

Zip

33838

Country

Polk

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

900176537439  
04/20/10--01020--010 \*\*450.00

**REINSTATEMENT** 08-10

4. Date Incorporated or Qualified

To Do Business in Florida 09/20/2004

5. FEI Number

201643637

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

William F Wise Jr

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

1410 East Georgia Street

Suite, Apt. #, Etc.

City

Bartow

State

FL

Zip Code

33830

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*William F Wise Jr*

REGISTERED AGENT MUST SIGN

Date

4/14/10

**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
D	RUFINO CONTRERAS	111 1st Street	Dundee Fl 33838

**10. E-mail Address:**

(To be used for future annual report notification)

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. I further certify, 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:

*Rufino Contreras*

RUFINO CONTRERAS

04/14/2010 863-412-7643

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/14/10