

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

AND FILED

REINSTATEMENT

Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

98 NOV 30 PM 2: 29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000107924

1. Corporation Name

RABONI ENTERPRISES, INC.

Principal Place of Business

Mailing Address

3262 CENTRAL AVE.  
ST. PETERSBURG FL 33712

3262 CENTRAL AVE.  
ST. PETERSBURG FL 33712



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

12/20/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3498817

Applied For

City & State

City & State

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	BEHARRY, MUJRALIE	10862 OAKHAVEN DR.	PINELLAS PARK FL 33782

400002703574--1  
-12/04/98--01071--005  
\*\*\*550.00 \*\*\*550.00

12/13

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BEHARRY, MUJRALIE  
3262 CENTRAL AVE.  
ST. PETERSBURG FL 33712

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

*Mujralie Beharry*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 11-18-98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes  No

(See other side for information on intangible tax.)

12. 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:

*Mujralie Beharry*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-18-98  
Date

727-545-3250  
Daytime Phone #

CR2ED40 (9/98)