

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUL -6 PM 3: 53

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE.
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000087616

1. Corporation Name
R & L OF ORLANDO, INC.

2. Principal Office Address
1821 S. Orange Blossom Trail

Suite, Apt. #, etc.

City & State
Apopka, FL

Zip 32703 Country US

3. Mailing Office Address
1821 S. Orange Blossom Trail

Suite, Apt. #, etc.

City & State
Apopka, FL

Zip 32703 Country US

REINSTATEMENT 98-01

4. Date Incorporated or Qualified To Do Business in Florida 12/22/1993 **SP**
5. FEI Number 59-3219943 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
Von Weller, Harold J.

Street Address (P.O. Box Number is Not Acceptable)
1821 S. Orange Blossom Trail

Suite, Apt. #, Etc.

City
Apopka,

State FL Zip Code 32703

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***1200.00 ***1200.00

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 *[Signature]*
REGISTERED AGENT MUST SIGN

Date 5/22/01

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/P/S/ T	Von Weller, Harold J.	1821 S. Orange Blossom Trail	Apopka, FL 32703

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Harold J. von Weller, President

Date 5/22/01 Daytime Phone # (407) 880-8800

CR2E081 (9/99)