

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 JAN 13 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 504419

1. Corporation Name

R. L. C. ENGINEERING, INC.

Principal Place of Business

Mailing Address

~~3324 NAKORA DRIVE~~ 115A 177 AVE W~~3324 NAKORA DRIVE~~ 115A 177 AVE W~~TAMPA FL 33610-4218~~ REDINGTON SHORES~~TAMPA FL 33610~~ REDINGTON SHORES~~US~~ FL. 33708~~US~~ FL. 33708

REINSTATEMENT 95-03

700010062237

01/13/03--01097--023 **1958.75

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33708

USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/02/1976

5. FEI Number

59-1688892

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

X \$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
PD	LEON, RALPH P.E.	3324 NAKORA DRIVE 115A 177TH AVE W, REDIN WEST	TAMPA FL REDINGTON SHORES, FL 33708
SD	LEON, OLGA	3324 NAKORA DRIVE 115A 177 AVE W	TAMPA FL REDINGTON SHORES, FL 33708
V	LEON, OLGA JOHN DOS PASSOS, P.E.	3324 NAKORA DR. 5573 HARBORSIDE DR.	TAMPA FL 33615-3681
T	LEON, OLGA	3324 NAKORA DR. 115A 177 AVE W	TAMPA FL REDINGTON SHORES, FL 33708

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LEON, RALPH PE 3324 NAKORA DR 115A 177 AVE W TAMPA FL 33610 REDINGTON SHORES FL. 33708	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, Etc.
	City
	State
	Zip Code

FL

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 AgentSIGNATURE REQUIRED
Ralph Leon

REGISTERED AGENT MUST SIGN

Date

1-7-03

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)12. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: RALPH LEON, P.E. (813)
1-7-03 967-6930

CR2E040 (8/95)