

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 858368

1. Corporation Name

R & L MANUFACTURING, INC.

07 APR 26 11:21:53

STATE
TALLAHASSEE, FLORIDA

500098866105
04/26/07--01041--017 **1958.50

REINSTATEMENT 1996-07

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

RT1 Box 95

Suite, Apt. #, etc.

3. Mailing Office Address

5021 41ST STREET

Suite, Apt. #, etc.

UNIT #2

City & State

NAHUNTA, GA

City & State

VERO BEACH, FL

Zip

31553

Country

BRANTLEY

Zip

32967

Country

INDIAN RIVER

4. Date Incorporated or Qualified
To Do Business in Florida

11/7/83

5. FEI Number

58-1416782

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

ROBERT M HERRIN

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

5935 GROVELINE DR

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32810



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

Robert M Herrin
REGISTERED AGENT MUST SIGN

Date 4/25/07

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
PRES	ROBERT M HERRIN	5935 GROVELINE DRIVE	ORLANDO FL 32810
SEC			
TRE	BOBBY KEITH STYLES	381 PINE ST	SEBASTIAN, FL 32958

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 contained in Chapter 119, 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:

Robert M Herrin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/07
Date

772-770-
9300
Daytime Phone #

Michele,

Enclosed are the forms along with a check for the following:

Resolution filing fee.....\$35.00

Reinstatement fee.....\$1865.00

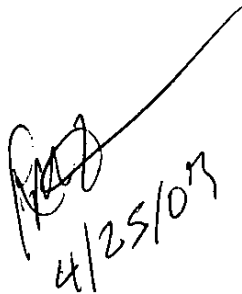
Certificate of status.....\$8.50

Fictitious name filing fee.....\$50.00

Total.....\$1958.50

Thanks! I really appreciate your help!

Robert Herrin cell 407-341-3434

A handwritten signature, possibly "RHD", is written over the date "4/25/03". A long diagonal line is drawn across the signature and date.