

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 MAY -6 AM 8:00

DOCUMENT # F00000004501

**1. Corporation Name**

R & I Florida Enterprises, Inc.

**REINSTATEMENT**

03-04

MRB

**2. Principal Office Address**

112 Comber Road

Suite, Apt. #, etc.

City & State

Hillsborough

Zip

BT266NA

Country

N. Ireland

**3. Mailing Office Address**

%Byrd Gantt

Suite, Apt. #, etc.

2716 Rew Cir. #101

City & State

Ocoee, FL

Zip

34761

Country

USA

600035554186  
05/06/04--01018--001 \*\*150.00  
3/23/04 01043 002 \* 750.00

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

98-0233651

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

Angela Gantt

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

%Byrd Gantt, CPAs PA

Suite, Apt. #, Etc.

2716 Rew Cir. #101

City

Ocoee

State

FL

Zip Code

34761

**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

Angela Gantt

Date

4/15/04

REGISTERED AGENT MUST SIGN

**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	Raymond Lyons	112 Comber Rd., Hillsborough	Hillsborough, N. Ireland, BT266NA
D	Iris Lyons	112 Comber Rd	Hillsborough, N. Ireland, BT266NA

**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:**

Iris Lyons

4/15/04

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/04)