

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

01 APR -4 PM 4:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F90000006604**

**1. Corporation Name**

R&R Manufacturing Inc.

**2. Principal Office Address**

12340 66th Street North

Suite, Apt. #, etc.

City & State

Largo, Florida

Zip

33773

Country

USA

**3. Mailing Office Address**

Same

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT**

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

December 4, 1998

**5. FEI Number**

593545477

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

SP

**7. Name and Address of Current Registered Agent**

Name

Corporation Service Company (CSC)

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State  
FL

Zip Code

32301-2607

**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

**BRIAN COURTNEY, ASST. V.P.**

Date

4-4-01

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
Director, President & Treasurer	Laurence F. Ross	259 S. College Street	Washington, PA 15301
Secretary	Craig Schnee	101 North Queen Street	Lancaster, PA 17603

**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:**

Secretary

3/30/01

(717) 299-2581

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRZE001 (3/00)



ACCOUNT NO. : 072100000032

REFERENCE : 102543 5017858

AUTHORIZATION :

COST LIMIT : \$ 900.00

*Patricia Pizots*

ORDER DATE : April 3, 2001

ORDER TIME : 1:48 PM

ORDER NO. : 102543-005

CUSTOMER NO: 5017858

CUSTOMER: Ms. Jody Harrison  
BULOVA TECHNOLOGIES, INC.  
BULOVA TECHNOLOGIES, INC.  
101 N. Queen Street

Lancaster, PA 17603

DOMESTIC FILING

NAME: R & R MANUFACTURING, INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull

EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED  
01 APR -4 PM 3:53  
DIVISION OF CORPORATION