

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

APPROVED  
AND  
FILED

00 AUG -1 AM 8:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 505506

**1. Corporation Name**

R + R Investment Realty Corp.

**2. Principal Office Address**

10014 N. Dale Mabry Hwy. (same)

Suite, Apt. #, etc.

Suite 131

City & State

TAMPA

Zip

33618

Country

USA

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

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

3/24/86

**5. FEI Number**

592679130

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

Randall W. Overfield

300003345753-0

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

4207 Carrollwood Village Ct.

08/04/00-01007-001

\*\*\*1685.00 \*\*\*1650.00

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33624

**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

RWofld

REGISTERED AGENT MUST SIGN

Date

7/31/00

**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
C/S	Randall Overfield	4207 Carrollwood Village Ct.	TAMPA FL 33624
P/T	Kurt Hardy	15119 Baldeagle St.	TAMPA FL 33625

**REINSTATEMENT** 94-00

MR. MILLIGAN AUG 02 2000

**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:**

RWofld

R.W. OVERFIELD

7/29/00

Date

813 801-9800

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR