

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

**CORPORATION
REINSTATEMENT**



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

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.
Suite, Apt. #, etc.

Suite 131

City & State
TAMPA

Zip Country
33618 USA

3. Mailing Office Address

(same)
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

Street Address (P.O. Box Number is Not Acceptable)
4207 Carrollwood Village Ct.

Suite, Apt. #, Etc.

City
TAMPA

State Zip Code
FL 33624

900003345759-0
~~08/04/00-01007-001~~
***1685.00 ***1650.00

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R.W. OVERFIELD

7/29/00
Date

813 801-9800
Daytime Phone #

CR2E081 (9/99)