

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M70747**

1. Corporation Name

R&R SUCCESS, INC.

Principal Place of Business

P.O. BOX 1084
LUTZ FL 33549

Mailing Address

P.O. BOX 1084
LUTZ FL 33549

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers.) 3	City / State / Zip 4
P	ROBERTS, ROLAND	18235 CLEARLAKE DR.	LUTZ FL 33659
V	DUPARL, MOLLY	6412 N. QUEENSWAY DRIVE	TAMPA FL 33617
ST	JOSEPH, JASMINE	16501 LONGBOAT DRIVE	LUTZ FL 33549

000002886756--6
-05/26/99 --01030--010
****900.00 ****900.00

8. Name and Address of Current Registered Agent

ROBERTS, FREESTON
18235 CLEARLAKE DR.
LUTZ FL 33549

9. Name and Address of New Registered Agent

Name **OLIVER JOHN ROBERTS**
Street Address (P.O. Box Number is Not Acceptable)
18235 CLEARLAKE DR.
Suite, Apt. #, Etc.
LUTZ FL
City
LUTZ
State
FL
Zip Code
33549

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date **JUN 29 99**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax)

12. 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **JUN 29 99**

Typed Name

FILED
MAY 16 AM 9:46
TALLAHASSEE, FLORIDA

REINSTATEMENT

[Handwritten initials]

4. Date Incorporated or Qualified
To Do Business in Florida

03/07/1988

5. FEI Number

59-2995825

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CRZF040 (9/98)