


NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *N00000003300*

1. Entity Name *Ron and Marty Inc.*



FILED
03 JUN 13 AM 7:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Tomoka State Park
Suite, Apt. #, etc.
2099 N. Beach. St.

3. Mailing Address
46 Warwick Ave
Suite, Apt. #, etc.
Ormond Bch.
City & State
Ormond Bch.
Zip
32174 Country
Volusia

DO NOT WRITE IN THIS SPACE

4. FEI Number *593648094* Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name *Patrice M. Kelly*

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

City *Ormond Bch.* FL Zip Code *32174*

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Patrice M. Kelly* (NOTE: Registered Agent Signature required when renewing) DATE *6-11-03*

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to *Florida Department of State*

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PTD Patrice M. Kelly 46 Warwick Ave Ormond Bch FL 32174</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>500020826055 06/13/03-01/03-011-11/22-50</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VSD Paul F. Kelly 46 Warwick Ave Ormond Bch. FL 32174</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>John P. Kelly 46 Warwick Ave Ormond Bch FL 32174</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Paul F. Kelly* *Paul F. Kelly* 6-11-03 386-671-2774

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/02)

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N00000003300			
1. Entity Name Ron and Marty INC			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 10moka State Park		3. Mailing Address 46 Warwick Ave	
Suite, Apt. #, etc. 2099 N. Beach St.		Suite, Apt. #, etc. 	
City & State Ormond Bch.		City & State Ormond Bch	
Zip 32174		Zip 32174	
Country Volusia		Country Volusia	
4. FEI Number 593648094		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name Patrice M. Kelly			
Street Address (P.O. Box Number is Not Acceptable) 46 WARWICK Ave			
City Ormond Bch FL			
Zip Code 32174			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE Patrice M. Kelly <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 6-11-03 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FEE IS \$17.25 <small>Initial or Amended Date</small>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		Make Check Payable to Florida Department of State	
TITLE NAME STREET ADDRESS CITY-ST-ZIP PPD Patrice M. Kelly 46 Warwick Ave Ormond Bch. FL 32174	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP VP Paul F. Kelly 46 Warwick Ave Ormond Bch. FL 32174	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP D John P. Kelly 46 Warwick Ave. Ormond Bch. FL 32174	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	DO NOT WRITE IN THIS SPACE	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.			
SIGNATURE: Paul F. Kelly <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 6-11-03 Daytime Phone # 386-671-2774	

CR2E037B (12/02)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N0000000 3300

1. Corporation Name

Ron and Marty INC.

2. Principal Office Address

1000 KA State Park
2099 N. Beach ST.

3. Mailing Office Address

46 Warwick Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ormond Bch.

City & State

Ormond Bch.

Zip

32174 Volusia

Zip

32174 Volusia

4. Date Incorporated or Qualified
To Do Business in Florida

6-2000

5. FEI Number

593648094

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Patrice M. Kelly

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

46 Warwick Ave

Suite, Apt. #, Etc.

City

Ormond Bch.

State
FL

Zip Code

32174

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

Patrice M. Kelly

REGISTERED AGENT MUST SIGN

Date

6-11-03

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
PTD	<u>Patrice M. Kelly</u>	<u>46 Warwick Ave</u>	<u>Ormond Bch. FL 32174</u>
VSD	<u>Paul F. Kelly</u>	<u>Same</u>	<u>Same</u>
D	<u>John P. Kelly</u>	<u>Same</u>	<u>Same</u>

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:

Paul F. Kelly Paul F. Kelly

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6-11-03

Daytime Phone #

386-671-2774

CR2E081 (10/02)

To, Department of State Division of Corporations
PO box 6327
Tallahassee, FL. 32314

From; Ron and Marty Inc.
2099 N. Beach ST.
Ormond Beach FL. 32174
386-671-2774

Reg. Reinstatement of Business, Doc. Number N00000003300

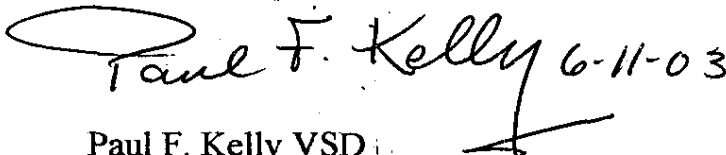
To Whom it may concern,

Enclosed is check for \$122.50 for annual report fees, also, annual report for 2002 and 2003. We did not file for 2002 and after May first for 2003; the mailing address was not changed when the business directors and owners were changed in June 2001. I was not aware this happened until we were negotiating a new 2003 lease here at Tomoka State Park.

The reinstatement office advised me today that this would be sufficient to reinstate the corporation. Enclosed is a reinstatement form. I am also requesting that the late fee be waived since I did not receive the annual report forms.

If there are any more problems please let me know.
Thankyou in advance for your assistance.

Respectfully,

 6-11-03

Paul F. Kelly VSD
Ron and Marty Inc.