

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 # **N91e000001e75**

1. Corporation Name

**RENTER'S ASSOCIATION MOBEL AMERICANA (RAMA), INC.**

Principal Place of Business

Mailing Address

**7108 Mt. Georgetown Drive N.E.  
 St. Petersburg, FL 33702**

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

**REINSTATEMENT**

*08-99  
 2/11/99*

4. Date Incorporated or Qualified To Do Business in Florida

**3/22/96**

5. FEI Number

**59-3427142**

Applied For  
 Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

**\$8.75 Additional Fee required for a Certificate of Status**

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PCD	Cleveland Ballentine	100 Mt. Curve Ave. N.E.	St. Petersburg, FL 33702
VPD	Richard O. Norcross	7108 Mt. Georgetown Dr. NE.	St. Petersburg, FL 33702
VPD	Linda Gillies	7181 Mt. Hawthorne N.E.	St. Petersburg, FL 33702
S	Carolyn M. Norcross	7108 Mt. Georgetown Drive N.E.	St. Petersburg, FL 33702
T	Jean Seitz	6702 Americana Drive N.E.	St. Petersburg, FL 33702

8. Name and Address of Current Registered Agent

**Warner, Ted  
 121 Mt. Isle Avenue N.E.  
 St. Petersburg, Florida 33702**

9. Name and Address of New Registered Agent

Name  
**Bryan K. McLachlan**  
 Street Address (P.O. Box Number is Not Acceptable)  
**9750 Seminole Boulevard**  
 Suite, Apt. #, Etc.  
 City  
**Seminole** State Zip Code  
**FL 33772**

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

**1/28/99**

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

Daytime Phone #

**600002768566-2**  
**-02/08/99-01170-020**  
**\*\*\*306.25 \*\*\*306.25**

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