

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 APR -8 PM 4:45

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P00000022401

1. Corporation Name

RPP2 Inc.

500174854395  
04/07/10--01029--009 \*\*\$600.00

**REINSTATEMENT** 07-10  
CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #

8083 oldKings Rd.S.

3. Mailing Office Address

8083 oldKings Rd.S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL 32217

City & State

FL JACKSONVILLE FL 32217

Zip

32217

Country

DUVAL

Zip

32217

Country

DUVAL

4. Date Incorporated or Qualified  
To Do Business in Florida

05/04/2000

5. FEI Number

593627199

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

Richard H. Zinkhen

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

8083 oldKings Rd.S.

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32217

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

*Richard H. Zinkhen*

REGISTERED AGENT MUST SIGN

Date April 5-2010

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
P	Richard H. Zinkhen	7830 Kingsmill CT	Jacksonville, FL 32256
S	Pil S. Zinkhen	7830 Kingsmill CT	Jacksonville, FL 32256

10. E-mail Address: HARLEY 1483 @ Comcast.net

(To be used for future annual report notification)

11. 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. I further certify, 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:

*Richard H. Zinkhen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

April 5-2010

Daytime Phone #

418-2