

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **FILED**

**CORPORATION
REINSTATEMENT**



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

02 JUL 31 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

The Ronin Group, Inc.

100 000046106

300006975703--4
-08/08/02--01056--002
****900.00 ****300.00

2. Principal Office Address

206 16th Ave NE

Suite, Apt. #, etc.

3. Mailing Office Address

201 37th Ave N #251

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

Zip

33704

Country

USA

City & State

St. Petersburg, FL

Zip

33704

Country

USA

REINSTATEMENT 01-02

4. Date Incorporated or Qualified
To Do Business in Florida

7-15-02

5. FEI Number

59-3645577

☒ 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

Andrea Rapp

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

206 16th Ave NE

Suite, Apt. #, Etc.

City

St. Petersburg

State

FL

Zip Code

33704

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

Andrea L. Rapp

REGISTERED AGENT MUST SIGN

Date 07/15/02

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
Pres	Dennis Rapp	206 16 th Ave NE	
V. Pres	Andrea Rapp	St. Petersburg, FL	
Sec.	Dennis Rapp	33704	
Treas	Andrea Rapp		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DENNIS D. RAPP

Date

07/15/02

Daytime Phone #

(813) 267-0392

7/15/02