

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

APPLICATION

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR -6 PM 12:16

DOCUMENT # P00000049275

1. Corporation Name

RNT SALES, INC.

Principal Place of Business

Mailing Address

1532 U.S. 41 BY PASS SO.
VENICE FL 34293

1532 U.S. 41 BY PASS SO.
VENICE FL 34293



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

4. Date Incorporated or Qualified
To Do Business in Florida

05/20/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65 1028617

Not Applicable

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	GODOY, RICHARD D	1532 U.S. 41 BY PASS SO.	VENICE FL 34293

600005134456--6

-03/19/02--01049--030

****300.00 ****300.00

11/3/01

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FITZHUGH, L. MURRAY
825 TAMiami TR. SO.
VENICE FL 34285

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

11-28-01

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 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: X

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

Date

12-10-01

Daytime Phone #

CR2E040 (801)

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RNT Sales
1532 US 41 By-Pass S. 264
Venice, Fl
34293

January 16, 2002

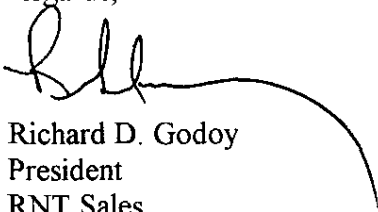
Department of State
Division of Corporations
PO box 6327
Tallahassee, Fl 32314

Dear Department of State:

Enclosed you will find my check for the sum of \$300.00. This is for the annual fees for 2001 & 2002.

I had not received a renewal notice in the mail but in fact received a notice of "Dissolution or Revocation". Therefore, I have been advised to send this letter and check for payment of both 2001 & 2002.

Regards,



Richard D. Godoy
President
RNT Sales
RG

cc: Barbara E. Wright, Wright & Associates, Accountant