


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Corporation Name RNG Layout, Inc. <i>P-00000065217</i>					
2. Principal Office Address 975 Turkey Hollow Circle Suite, Apt. #, etc.			3. Mailing Office Address 975 Turkey Hollow Circle Suite, Apt. #, etc.		
City & State Winter Springs, FL			City & State Winter Springs, FL		
Zip 32708	Country USA	Zip 32708	Country USA	4. Date Incorporated or Qualified To Do Business in Florida	
				5. FEI Number 59-3659172	Applied For <input type="checkbox"/> Not Applicable
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

04 APR 20 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-04

7. Name and Address of Current Registered Agent		
Name Natalie Glisan		
Street Address (P.O. Box Number is Not Acceptable) 975 Turkey Hollow Circle		
Suite, Apt. #, Etc.		
City Winter Springs, FL	State FL	Zip Code 32708

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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

Rodney Glisan
REGISTERED AGENT MUST SIGN

Date *4/15/04*

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/D	Allen Glisan, Rodney	975 Turkey Hollow Circle	Winter Springs, FL 32708
S/D	Jean Glisan, Natalie	975 Turkey Hollow Circle	Winter Springs, FL 32708

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:

Rodney Glisan Rodney Glisan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/04
Date

407-383-6914
Daytime Phone #

CR2E081 (01/04)

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