



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| | | | |
|---|------------------------|---|------------------------|
| CORPORATION REINSTATEMENT | |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # P00000067592 | | | |
| 1. Corporation Name R & R PROCESSING, INC. | | | |
| 2. Principal Office Address 4414 GINNY DR. Suite, Apt. #, etc. | | 3. Mailing Office Address 4414 GINNY DR. Suite, Apt. #, etc. | |
| City & State LAKELAND, FL. | | City & State LAKELAND, FL. | |
| Zip 33811-1411 | Country POLK | Zip 33811-1411 | Country POLK |
| 4. Date Incorporated or Qualified To Do Business in Florida 7-12-2000 | | 5. FEI Number 59-3432159 | |
| | | Applied For Not Applicable | |
| 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> | | \$8.75 Additional Fee required for a Certificate of Status | |

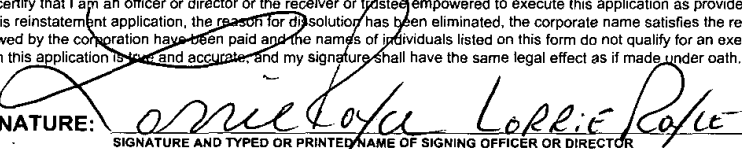
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 NOV 19 AM 10:06

REINSTATEMENT 0

| | |
|---|--|
| 7. Name and Address of Current Registered Agent | |
| Name JOHN ROYCE | 300004705993-3 |
| Street Address (P.O. Box Number is Not Acceptable) 4414 GINNY DR. | -12705701--01052--003 ****750.00 ****750.00 |
| Suite, Apt. #, Etc. | |
| City LAKELAND | State FL Zip Code 33811-1411 |

| | |
|---|----------------------|
| 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  | Date 11/15/01 |
| REGISTERED AGENT MUST SIGN | |

| | | | |
|--|--|---|---------------------------|
| 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 | JOHN ROYCE | 4414 GINNY DR. | LAKELAND, FL 33811-1411 |
| V-PRES | LORRIE ROYCE | 4414 GINNY DR. | LAKELAND, FL 33811-1411 |
| | | | |
| | | | |
| | | | |
| | | | |

| | |
|--|------------------------------|
| 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:  | 11-15-01 863-701-7028 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date Daytime Phone # |

CR2E081 (9/00)