

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

REINSTATEMENT



Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 25 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000080076

1. Corporation Name

R K OF BAY COUNTY CORPORATION

Principal Place of Business

2210 S WAUKESHA ST
BONIFAY FL 32425

Mailing Address

2210 S WAUKESHA ST
BONIFAY FL 32425

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

08/24/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3669094

Applied For

Not Applicable

City & State

City & State

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
DP	PATEL, HEMANT K	2210 S WAUKESHA ST	BONIFAY FL 32425
DT	PATEL, SATISH	2210 S WAUKESHA ST	BONIFAY FL 32425
DV	PATEL, HARSHAD	2210 S WAUKESHA ST	BONIFAY FL 32425

100008596771
10/25/02--01083--007 **150.00

8. Name and Address of Current Registered Agent

PATEL, HEMANT K
2210 S WAUKESHA ST
BONIFAY FL 32425

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10-20-02

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-20-02 890-234
7334

CR2E040 (8/02)

Dear Sir/Madam,

I have not received any
Prior UBR so I am requesting a
waived. I am also enclosing a check
for 150.00 the regular filing fees.

If you have any Questions please call
me at the # listed below.

~~Hemant~~

as president of RKO Bay County Corp

HEMANT PATEL
2210 S. Waukesha St
Bonifay FL
32425

PH: 850-547-9345

Fx 850 547-5023

N.B. - ENCLOSED CHECKS