

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAR 13 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000090931

1. Corporation Name

R And L Properties, Inc

2. Principal Office Address

607 Orange Ave

Suite, Apt. #, etc.

3. Mailing Office Address

607 Orange Ave.

Suite, Apt. #, etc.

City & State

Ft. Pierce, FL.

City & State

Ft. Pierce, FL.

Zip

34950

Country

USA

Zip

34950

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

Sept 26, 2000

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 additional Fee applies
for a Certificate of Status

01-03

JM

7. Name and Address of Current Registered Agent

Name

Leo Ramirez Dreher Ramirez

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

607 Orange Ave

Suite, Apt. #, Etc.

City

Ft. Pierce

State
FL

Zip Code

34950

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.

Signature of
Registered Agent

Leo Ramirez Dreher

REGISTERED AGENT MUST SIGN

Date

3-5-03

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
President	Leo Ramirez Dreher	607 Orange Ave	Ft. Pierce, FL, 34950

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)(b), 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:

Leo Ramirez Dreher
LEO RAMIREZ DREHER

3-5-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2601 (8/01)