

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
- REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY 13 AM 10:30

DOCUMENT # **P00000105350**

1. Corporation Name

R V ONE ENTERPRISES INC.

2. Principal Office Address

1125-1 CESERY BLVD

Suite, Apt. #, etc.

City & State

JACKSONVILLE FLORIDA

Zip

32211

Country

DUVAL

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

SAME

Zip

SAME

Country

SAME

700036968807
05/20/04--01061--032 **630.00

4. Date Incorporated or Qualified

To Do Business in Florida 11/09/2000

5. FEI Number

59-3727372

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ROWLAND V. WILLIAMS

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

1125-1 CESERY BLVD

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32211

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 05/01/04

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/SEC	ANTWINETTE S. WILLIAMS	922 TURTLE CREEK DR. NORHT	JACKSONVILLE FL 32218
VP/T	ROWLAND V. WILLIAMS	1125-1 CESERY BLVD	JACKSONVILLE FL 32211

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

601-744-2439
US-01-04

Per Adt Backup

CR2E081 (01/04)

212

Vencient's Business Services

1125-1 Cesery Blvd. • Jacksonville, FL 32211
(904) 744-2439 • Fax: (904) 744-2440

May 01, 2004

Pat Bailey, Accountant II
Florida Department of State
Division of Corporations
P O Box 6327
Tallahassee, Florida 32314

RE: Debit Memo's 35471-Q and 35471-R

Attention: Pat Bailey,

This letter is to request the reinstatement of of R V ONE Enterprises Inc. and Kerns Seafood Inc.. I called and spoke with you on the phone on April 02, 2004, explaining that due to this writer having a Heart Attack in May of 2003 the accounts payable records were not balance in the office that cause the checks written for R V One Enterprises Inc. and Kerns Seafood Inc to be dishonored. This is my officail request to have these incorporations active.

Attached is a Money Order in the amount of \$630.00, to Cover the (2) years fees and returned check charge. Your consideration and assiistance in this matter is greatly appreciated.

Respectfully,



Rowland V. Williams

attachments