

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

02 OCT 24 AM 11:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000007995

1. Corporation Name

RLX, INC.

Principal Place of Business

4442 BROOKE ST.  
ORLANDO FL 32811

Mailing Address

4442 BROOKE ST.  
ORLANDO FL 32811



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/22/2001

5. FEI Number

593697842-01

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	WILLIAMS, RONNIE	4442 BROOKE ST.	ORLANDO FL 32811
D	REDD, LILLIE ZELLOUS	4442 BROOKE ST.	ORLANDO FL 32811

200008565242  
10/24/02--01037--016 \*\*150.00

8. Name and Address of Current Registered Agent

REDD, LILLIE ZELLOUS  
4442 BROOKE ST.  
ORLANDO FL 32811

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

*Lillie Zellous*  
REGISTERED AGENT MUST SIGN

Date

10/21/02

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:

*Ronnie Williams*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-21-02 4093429204

CR2E040 (8/02)

FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

DIVISION OF CORPORATIONS  
P.O. Box 6327  
Tallahassee, Florida 32314

October 21, 2002

To whom it may concern,

This letter is in response to the notice of Dissolution or Revocation of RLX, Inc. received on October 21, 2002. Please be advised that we did not receive our Uniform Business Report notices, and are asking that you accept our check #1032 in the amount of \$150.00 without penalty to reinstate our cooperation.

Should you need further information, feel free to contact me at 407 843 4026 or 407 342 9204.

Regards,

Ronnie E. Williams

A handwritten signature in cursive script that reads "Ronnie E. Williams". The signature is written in dark ink and is positioned below the printed name.