

1082

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAY -6 PM 5:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PO1000017271**

1. Corporation Name

RNR RECOVERY, INC

2. Principal Office Address

799 TIMBERLANE DRIVE

Suite, Apt. #, etc.

City & State

NEW SMYRNA BEACH FLORIDA

Zip

32168

Country

USA

3. Mailing Office Address

PO BOX 1955

Suite, Apt. #, etc.

City & State

NEW SMYRNA BEACH, FLORIDA

Zip

32170

Country

USA

000035553800
05/06/04--01012--030 **300.00

03-04

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number
593701353

☒ 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

ROBERT W. WARREN

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

799 TIMBERLANE DR

Suite, Apt. #, Etc.

City

NEW SMYRNA BEACH

State

FL

Zip Code

32168

REINSTATEMENT

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

REGISTERED AGENT MUST SIGN

Date **04/29/04**

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
O	ROBERT WARREN	799 TIMBERLANE DRIVE	NEW SMYRNA BEACH FL 32168
D	LISA WARREN	799 TIMBERLANE DRIVE	NEW SMYRNA BEACH FL 32168

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

Robert W. Warren **4/29/04** **407 402 4188**

Date

Daytime Phone #

CR2E081 (01/04)

6

2 of 2

RNR RECOVERY
P.O. BOX 1955
NEW SMYRNA BEACH, FL. 32170

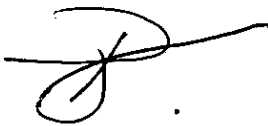
OFFICE:(386) 478-1110 - FAX: (386) 478-1121

Division of Corporation
PO Box 6327
Tallahassee, FL 32314

To Whom it May Concern:

On April 29 2004 I was notified that my corporation had been dissolved on 09/19/03 due to nonpayment. I was completely unaware of this!! I never received a renewal notice or I would have paid the fee and completed all forms immediately. I spoke with Tina at 850-245-6056 and she told me to send this letter and fill out the reinstatement form along with my check for \$300.00. Please review this letter for waiver of the penalty fees and reinstate my company ASAP.

Thank you for your time and immediate reinstatement.



Robert W. Warren