

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000017305

1. Corporation Name

RTM CONSULTANTS, INC.

2. Principal Office Address - No P.O. Box #

15184 Ganster Dr.

Suite, Apt. #, etc.

City & State

Brooksville

Zip

34613

Country

United States

3. Mailing Office Address

P.O. Box 15629

Suite, Apt. #, etc.

City & State

Brooksville

Zip

34604

Country

United States

FILED

08 JAN 24 AM 8:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300115995673
01/24/08--01029--011 **600.00

REINSTATEMENT

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

02/15/2001

5. FEI Number

593697293

☐ 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

Timothy C.P. Meyer

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

15184 Ganster Dr.

Suite, Apt. #, Etc.

City

Brooksville

State

FL

Zip Code

34613

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Timothy C.P. Meyer

REGISTERED AGENT MUST SIGN

Date

1-16-08

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/S	Timothy C.P. Meyer	15184 Ganster Dr.	Brooksville, FL 34613
V/T	Robert A. Meyer	15184 Ganster Dr.	Brooksville, FL 34613

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 contained in Chapter 119, 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:

Timothy C.P. Meyer

Timothy C.P. Meyer

Date

1-16-08

Daytime Phone #

352-754-3006

jc 1/29