


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION</b> [REDACTED]	 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
03 MAR 21 AM 11:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Corporation Name

R & B Cookie Co INC

2. Principal Office Address

157 SE 4th TERR

Suite, Apt. #, etc.

City & State

CAPE CORAL FL

Zip

33990

Country

LEE

3. Mailing Office Address

157 SE 4th TERR

Suite, Apt. #, etc.

City & State

CAPE CORAL FL

Zip

33990

Country

LEE

4. Date Incorporated or Qualified  
To Do Business in Florida

2-2001

5. FEI Number

65-1084555

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$38.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Richard Tomlinson

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

157 SE 4th TERR

Suite, Apt. #, Etc.

City

CAPE CORAL FL

State

FL

Zip Code

33990

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

3-21-03

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
PRES	Richard Tomlinson	157 SE 4th TERR	CAPE CORAL, FL 33990
U.P.	Brenda Tomlinson	157 SE 4th TERR	CAPE CORAL FL 33990

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:

Richard Tomlinson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/03

Date

239-275-4906

Daytime Phone #

CR2E081 (10/02)