

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAY 12 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO1000080331**

1. Corporation Name

R.T.F. Enterprises, Inc.

2. Principal Office Address

19700 Beach Rd

Suite, Apt. #, etc.

4N

City & State

Jupiter FL

Zip

33469

Country

US

3. Mailing Office Address

19700 Beach Rd

Suite, Apt. #, etc.

4N

City & State

Jupiter FL

Zip

33469

Country

US

REINSTATEMENT 02-24

9/3/02 90170 041 550

4. Date Incorporated or Qualified
To Do Business in Florida

8-15-01

5. FEI Number

651131167

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$375 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

Glenn Friedly

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

19700 Beach Rd

Suite, Apt. #, Etc.

4N

City

Jupiter

State

FL

Zip Code

33469

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

Glenn Friedly

REGISTERED AGENT MUST SIGN

Date

5-6-04

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
D, P T, S	Glenn Friedly	19700 Beach Rd 4N	Jupiter FL 33469

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:

Glenn Friedly
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-6-04

Date

5617461155

Daytime Phone #

CR2E081 (10/02)