

**CORPORATION
REINSTATEMENT**



14 NOV 25 AM 8:38
SECRETARY OF STATE
PAUL J. BASSER, JR. (C) 1964

1. Corporation Name

RONOCO TRANSMISSIONS, INC.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt #, etc.

City & State

Zip	Country
-----	---------

Zip

Country

33880

5	FBI Number
---	------------

59-3744614

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

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

Suite, Apt. #, Etc.

City

State

Zip Code

WINTER HAVEN, FL

FL

33880

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

Royce J. Hendry SR
REGISTERED AGENT MUST SIGN

Date _____

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
DWAR	HENDRIX, RONNY L	4321 STEPHANIE WAY	BARTOW, FL 33830

REINSTATEMENT

~~NOV 25 2014~~


R. HUNT

10. **E-mail Address:**

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

I am aware that false information submitted in a document to
 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

degree felony as provided for in S.B. 17.153, F.S.