

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 20 AM 10:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000116429

1. Corporation Name

RPT, INC.

Principal Place of Business

Mailing Address

~~2456 PARRISH RIDGE LN~~  
~~VALRICO FL 33594~~

~~2456 PARRISH RIDGE LN~~  
~~VALRICO FL 33594~~



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

6363 COCOA LN

Suite, Apt. #, etc.

City & State  
Apollo Beach FL

Zip

33572

Country

3. New Mailing Office Address, If Applicable

6363 COCOA LN

Suite, Apt. #, etc.

City & State  
Apollo Beach FL

Zip

33572

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/07/2001

5. FEI Number 30-0045995  
APPLIED FOR

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	HILL, PAULA J	<del>2456 PARRISH RIDGE LN</del> 6363 COCOA LANE	<del>VALRICO FL 33594</del> Apollo Beach FL 33572

8. Name and Address of Current Registered Agent

HILL, PAULA J  
~~2456 PARRISH RIDGE LN~~  
VALRICO FL 33594

9. Name and Address of New Registered Agent

Name

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

6363 COCOA LN

Suite, Apt. #, Etc.

City

Apollo Beach

State

FL

Zip Code

33572

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*Paula J Hill*

REGISTERED AGENT MUST SIGN

Date

10/15/03

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., 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

Date

10/15/03

Daytime Phone #

CR2E040 (7/03)



# POWER OF ATTORNEY and Declaration of Representative

DR-835  
R.01/00

## PART 1 - POWER OF ATTORNEY

### 1. TAXPAYER INFORMATION (Taxpayer(s) must sign and date this form on Page 2, Part I, Section 8)

TAXPAYER NAME(S) AND ADDRESS (Please Type or Print)	TAXPAYER IDENTIFICATION NO(S). (SSN, FEIN, etc.)	FLORIDA TAX REGISTRATION NUMBER
RPT Inc 6363 Cocoa Ln Apollo Beach FL 33572	30-0045995	
		DAYTIME TELEPHONE NUMBER ( )

Hereby appoint(s) the following representative(s) as attorney(s)-in-fact:

### 2. REPRESENTATIVE(S) (Each representative must be listed individually, and must sign and date this form on Page 2, Part II)

NAME AND ADDRESS (Please Type or Print)	TELEPHONE NUMBER
Robert Morris P.A. 3302 Bell Shores Rd Avonon FL 33511-7637	(813) 681 4164
	FAX NUMBER
	(813) 684 6363
NAME AND ADDRESS (Please Type or Print)	TELEPHONE NUMBER
	( )
	FAX NUMBER
	( )
NAME AND ADDRESS (Please Type or Print)	TELEPHONE NUMBER
	( )
	FAX NUMBER
	( )

To represent the taxpayer(s) before the Florida Department of Revenue in the following tax matters:

### 3. TAX MATTERS

TYPE OF TAX (Corporate, Sales, Intangible, etc.)	TAX FORM NUMBER (F-1120, DR-15, DR-601, etc.)	YEAR(S) / PERIOD(S) / MATTER(S)
Corp	UBR	2002 To 2005
Corp Income	F1120	2002 To 2005

### 4. ACTS AUTHORIZED

The representative(s) are authorized to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to the tax matters described in section 3, (for example, the authority to sign any agreements, consents, or other documents). The authority specifically includes the power to execute waivers of restrictions on assessment or collection of deficiencies in tax, to execute consents extending the statutory period for assessment or claims for refund of taxes, and to execute closing agreements under section 213.21, Florida Statutes. The authority does not include the power to receive refund warrants or the power to sign certain returns.

LIST ANY SPECIFIC ADDITIONS OR DELETIONS TO THE ACTS OTHERWISE AUTHORIZED IN THIS POWER OF ATTORNEY

### 5. RECEIPT OF REFUND

If you want to authorize a representative named in section 2 to receive, BUT NOT TO ENDORSE OR CASH, refund warrants, initial here \_\_\_\_\_ and list the name of that representative below.

NAME OF REPRESENTATIVE TO RECEIVE REFUND WARRANTS: \_\_\_\_\_

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## **Robert Morris, P.A.**

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*Certified Public Accountant • Certified Tax Professional • Registered Representative*

3302 Bell Shoals Road • Brandon, Florida 33511 • Telephone (813) 681-4164 • Web site: [myhdvest.com/rjm3cpa](http://myhdvest.com/rjm3cpa)

October 10, 2003

Fl Dept of State  
Div. of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

Re: RPT Inc.  
Fdl Ein 30-0045995  
Document PO1000116429

Gentlemen,

We request a waiver of the reinstatement fee of \$600 due to reasonable cause. Our client incorporated her business in 2002 for the first time and never prior to this date had she been incorporated, acted on behalf of a corporation, acted as a corporate officer nor has she ever been a registered agent. Our client researched and followed all requests as early as possible and has always filed all required forms in a timely manner currently as well as in the past. Our client was forwarded the original UBR request in January and promptly completed the corrections to address which had changed since incorporating and mailed the forms 01/31/03 with complete payment four months earlier than required.

On or about Feb 16, 2003, the State Department mailed a letter stating it was not filed due to requiring FEI number as it was mailed to the new and corrected address (letter enclosed). Our client immediately returned the form with the assigned EIN number and never having received any follow up notice, letter or rejection, and having knowledge the payment was cleared at the bank, could only assume all was completed satisfactorily. Recently, our client received the notice of dissolution and application for reinstatement. Upon calling the Dept of State, it appears a follow up notice was mailed but to the incorrect address at 3456 Parrish Ridge Lane in Valrico therefore never received by our client at 6363 Cocoa Ln. Apollo Beach Fl 33572. Any prudent businessman, under similar circumstance, would have believed that all forms were processed properly under the circumstance to which we request you waive the reinstatement fee and accept all