

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

PS 132  
**FILED**  
04 MAY 24 PM 12:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000014493**

**1. Corporation Name**

R3 Enterprises, Inc

**2. Principal Office Address**

2255 Glades Rd

Suite, Apt. #, etc.

324A

City & State

Boca Raton, FL

Zip

33431

Country

USA

**3. Mailing Office Address**

2255 Glades Rd

Suite, Apt. #, etc.

324A

City & State

Boca Raton  
Florida

Zip

33431

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

Mar 3rd 2002

**5. FEI Number**

71-0867874

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

Robert R Reger

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

1 Purlieu Place #150

Suite, Apt. #, Etc.

150

City

Winter Park

State

FL

Zip Code

32792

**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

*Robert R Reger*

REGISTERED AGENT MUST SIGN

Date

5-18-04

**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
CEO	Robert R Reger	1 Purlieu Place #150 Winter Park, FL 32792	Winter Park, FL 32792

000037523830  
06/01/04 01073-008 \*\*300.00

**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:**

*Robert R Reger*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-18-04

Daytime Phone #

561-987-5416

CR2E081 (01/04)

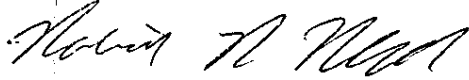
13. 2 Q 2

R3 Enterprises, Inc  
2255 Glades Rd  
Suite 324A  
Boca Raton, FL 33431  
561-989-5416--Tel / 561-989-5417--Fax

Dear Department of State,

This letter is to clarify a previous misunderstanding and to serve as a request for reinstatement. Please also make the necessary changes to my address to insure that this doesn't happen again. The reason for my lapse in dues and reinstatement is because I never received the form. My office had moved and although I did have a forwarding address, I did not receive my notification for renewal. They must have kept it at my former address. I did not even know that it had expired. Please forgive this error as I was a brand new business owner and new to Florida. When I spoke to a customer service agent, they said that I would be renewed for \$300 because I never received the proper documentation, so I enclosed a check. Once again I apologize for any understanding and I will make sure I never lapse again. Thank you and I look forward to my re-acceptance notification.

Sincerely,



Robert R Reger