

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 26 PM 6:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02 00002244

1. Corporation Name
RPK#2, Inc.

2. Principal Office Address
27567 Grove Road, Bonita Springs, FL 34135
Suite, Apt. #, etc.

3. Mailing Office Address Same
Suite, Apt. #, etc.

City & State
Bonita Springs, FL 34135 SAME

Zip Country Zip Country
34135 USA 34135 XXXX USA

4. Date Incorporated or Qualified To Do Business in Florida 2/20/02

5. FEI Number -13-4249244- 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
S.W. Prof. Services of S. Florida, Inc.
Street Address (P.O. Box Number is Not Acceptable)
13571 McGregor Blvd, #22
Suite, Apt. #, Etc.
City Fort Myers State FL Zip Code 33919

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 [Signature] Date 11/10/03
REGISTERED AGENT MUST SIGN

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
Presi	Vickie Meyer-Manz	27567 Grove Road	Bonita Springs, FL 34135

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 [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11/18/03 Daytime Phone #

CR2E081 (10/02)

November 18, 2003

Ms. Marquitta Williams
Document Specialist
Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

RE: RPK#2, Inc.
Ref. Number: P02000022444
27567 Grove Road, Bonita Springs, FL 34135

Dear Ms. Williams:

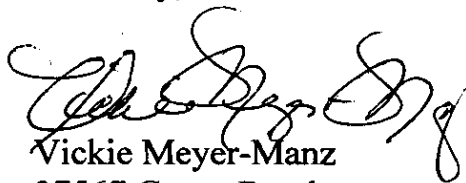
In response to your letter of October 22, 2003, which I only recently received, please be advised that I never received the 2nd notice for Uniform Business Report.

Also, I am enclosing the completed "Corporate Reinstatement" form, which you mailed with your 10/22/03 letter.

Hopefully this matter will now be closed.

Thank you for your assistance.

Sincerely,



Vickie Meyer-Manz
27567 Grove Road
Bonita Springs, FL 34135

cc: Southwest Professional Services/Goldberg