

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JAN 25 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 07-10

700167109837
01/25/10--01050--008 **750.00
CR2E081 (11/09)

DOCUMENT # PO2000059181

1. Corporation Name

Rantes Inc

2. Principal Office Address - No P.O. Box #

10601-1 US Hwy 441

Suite, Apt. #, etc.

3. Mailing Office Address

10601-1 US Hwy 441

Suite, Apt. #, etc.

City & State

Leesburg FL

Zip Country

34788 USA

City & State

Leesburg FL

Zip Country

34788 USA

4. Date Incorporated or Qualified
To Do Business in Florida

2002

5. FEI Number

45-0479203

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 Loretta Testa

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

9809 Fairway Circle

Suite, Apt. #, Etc.

City Leesburg

State
FL

Zip Code
34788

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Loretta Testa

REGISTERED AGENT MUST SIGN

Date 1-21-09

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
P	Frank Rantone	20746 Canal Crossing Ct	Clermont FL 34716
VP	Sababino Rantone	11231 Lake Drive	Leesburg FL 34788
VP	Loretta Testa	9809 Fairway Circle	Leesburg FL 34788
VP	Albert Testa	9809 Fairway Circle	Leesburg FL 34788

10. E-mail Address: gplish@plishh@cmbazmail.com

(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., 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.

SIGNATURE:

Loretta Testa Loretta Testa

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-10

Date

Daytime Phone #

352-787-9274