

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 13 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000063891

1. Corporation Name

RBR, INC
107 LAURIE DRIVE
ORMOND BEACH, FL 32176

500023752235
10/13/03--01074--006 **150.00

REINSTATEMENT 03

2. Principal Office Address

107 LAURIE DR
Suite, Apt. #, etc.

3. Mailing Office Address

107 LAURIE DR
Suite, Apt. #, etc.

City & State

Ormond Beach FL

City & State

Ormond Beach FL

Zip

32176

Country

USA

Zip

32176

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4/10/2002

5. FEI Number

02-0615546

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

DEANNA R ONESKY

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

107 LAURIE DR

Suite, Apt. #, Etc.

City

Ormond Beach

State
FL

Zip Code

32176

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

Deanna R Onesky

Date

10/10/03

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
<u>PTR</u>	<u>Deanna R Onesky</u>	<u>107 LAURIE DR</u>	<u>Ormond Beach, FL 32176</u>
<u>V.P.</u>	<u>Gerald B Onesky</u>	<u>107 LAURIE DR</u>	<u>Ormond Beach, FL 32176</u>

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:

Deanna R Onesky
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/10/03

Daytime Phone #

9/10/15

BUSINESS SERVICES OF ORMOND BEACH, INC
289 S YONGE STREET
ORMOND BEACH, FLORIDA 32174

October 10, 2003

Florida Unemployment Division
5050 W Tennessee Street
Tallahassee, FL 32399-0180

Dear Sirs:

Re: Corporation Reinstatement Form
RBJR, INC. P02000063891
Tax Year 2003

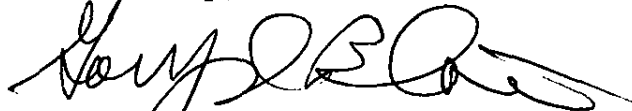
I reviewed the notice that the client annual fee has not been received and the corporation is not currently paid in full. No mail has been received for billing of the annual licenses fee for the corporation for 2003. Due to lack of a bill being received the client did not know anything was due to be paid and as soon as discovered we called October 9 2003 and forwarded the check in full payment today,

I request that the additional charges be waived in this case as no mail has been received regarding a billing for this client.

Thank you for time and consideration in handling this request for me and I hope you can see that this request is in order and the additional charges can be reduced to zero.

If you have any questions please feel free to contact me and it will be my pleasure to be of service.

Yours truly,



GARY D. BLAIR
Accountant for
RBJR, INC.