

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 DEC 29 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000090000**

1. Corporation Name

R & H ASSOCIATES, INC.

Principal Place of Business

Mailing Address

**6216 ORANGE COVE DRIVE
ORLANDO FL 32819**

**6216 ORANGE COVE DRIVE
ORLANDO FL 32819**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

08/19/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-5709071

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 |
|---------------|---|--|-------------------------|
| DCOO | HARGRETT, COOLIDGE | 6216 ORANGE COVE DRIVE | ORLANDO FL 32819 |
| DCFO | RIVERS, DWAIN | 1524 LILLY OAKS CIRCLE | GOtha FL 34734 |
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400025811854
12/29/03--01045--008 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**HARGRETT, COOLIDGE
6216 ORANGE COVE DRIVE
ORLANDO FL 32819**

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Coolidge Hargrett
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

12/24/03

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:

Dwain Rivers
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-24-03

Daytime Phone #

321-297-7311

CR2E040 (7/03)