

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 10 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000098681

1. Corporation Name

R & R ENTERPRISES OF SOUTH CENTRAL FLORIDA,
INC

2. Principal Office Address

6537 S.E. 86TH BLVD

Suite, Apt. #, etc.

City & State

OKEECHOBEE, FLORIDA

Zip

34974-1431

Country

U.S.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

SAME

Zip

SAME

Country

U.S.

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

09/05/2002

5. FEI Number

NONE

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Larry Richards

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

1295 N.W. 160th Street

Suite, Apt. #, Etc.

City

Okeechobee

State

FL

Zip Code

34974

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

Larry Richards

REGISTERED AGENT MUST SIGN

Date **October 7, 2003**

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
DP	Larry Richards	1295 N.W. 160th Street	Okeechobee, Fl. 34974
DS	James Rolow	25202 Highway 27	Leesburg, Fl. 34748

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:

James Rolow

James Rolow

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/07/2003 863-697-0360

Date

Daytime Phone #

CR2E001 (10/02)