

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

03 NOV -6 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000128463

1. Corporation Name

THE RENTAL GALLERY INC.

2. Principal Office Address

3240 RIVER BRANCH CIRCLE

Suite, Apt. #, etc.

City & State

KISSIMMEE FL

Zip

34741

Country

USA

3. Mailing Office Address

3240 RIVER BRANCH CIRCLE

Suite, Apt. #, etc.

City & State

KISSIMMEE FL

Zip

34741

Country

USA

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

12/05/2002

5. FEI Number

61-1433660

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03

7. Name and Address of Current Registered Agent

Name

KEILA SOTO

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

3240 RIVER BRANCH CIRCLE

Suite, Apt. #, Etc.

City

KISSIMMEE

State
FL

Zip Code

34741

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

KEILA SOTO

Date

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
DP	NATHAN SOTO	3240 RIVER BRANCH CIRCLE	KISSIMMEE FL 34741

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:

Nathan Soto
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NATHAN SOTO, DIRECTOR

10/9/03 **(850) 709-5569**
Date Daytime Phone #

CR2E081 (9/01)

DATE: 10-09-03

TO: **DIVISION OF CORPORATIONS
REINSTATEMENT SECTION**

FROM: **THE RENTAL GALLERY INC.**

We did not receive from you the Uniform Business Report 2003 by mail.

Please file our renewal for this year.

If you have any questions please contact us at 407-709-5569


Thanks,
NATHAN SOTO
THE RENTAL GALLERY INC.
