## 2007 FOR PROFIT CORPORATION REINSTATEMENT

## FILED DOCUMENT # P04000009274 1. Entity Name R & R ACOUSTICAL INC 07 JUL 25 AM 1: 19 SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address **6811 NORTH GUNLOCK AVENUE 6811 NORTH GUNLOCK AVENUE** TAMPA, FL 33614 US TAMPA, FL 33614 2. Principal Place of Business - No P.O. Box # 3. Mailing Address REINETATEMENU Suite, Apt. #, etc. Suite, Apt.#, etc. City & State City & State 4. FEI Number Applied For 20-0578068 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JENKINS, RONALD L II Street Address (P.O. Box Number is Not Acceptable) 6811 NORTH GUNLOCK AVENUE TAMPA, FL 33614 Zip Code City FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent SIGNATURE ome of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOW!!! FEE IS \$300.00 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ■ Addition JENKINS, RONALD L II NAME NAME 900106697879 STREET ADORESS STREET ADDRESS 6811 NORTH GUNLOCK AVENUE 07/25/07--01036--014 CITY-ST-ZIP CITY-ST-ZIP **TAMPA, FL 33614** ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Delete ☐ Change TITLE TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with FED OR RINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: SIGNATURE AND Daytime Phone #