

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

11 NOV 14 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000214271330
11/14/11--01065--005 **750.00

CR28081 (11/10)

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000073707

1. Corporation Name

RTGE, INC

2. Principal Office Address - No P.O. Box #
12980 SE HWY 484

3. Mailing Office Address
12980 SE HWY 484

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Dunnellon, FL

City & State

Dunnellon, FL

Zip

34432

Country

USA

Zip

34432

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida 5/18/2005

5. FEI Number
202856091

☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$2.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

C T Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

REINSTATEMENT

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

Madonna Cuddihy

Madonna Cuddihy
Special Assistant Secretary

Date

10-19-11

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
D	Robert Barnum	12980 SW HWY 484	Dunnellon, FL 34432

10. E-mail Address:

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Robert Barnum

10.19.11

352.465.0300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone if