

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 OCT 26 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P06000130221**

1. Corporation Name

RSVP TAMPA, INC.

REINSTATEMENT

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #

277 ROYAL POINCIANA WAY

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALM BEACH, FL

City & State

Zip

33480

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/5/06

5. FEI Number

51-0604414

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

HELEN SEGAL

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

277 ROYAL POINCIANA WAY

Suite, Apt. #, Etc.

City

PALM BEACH FL

State

FL

Zip Code

33480

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

[Signature]

Date

9/29/07

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
PRES.	RICHARD KELLY	6102 WILD ORCHID DR	LITHIA, FL 33547
SEC.	HELEN SEGAL	610 CLEMATIS ST	WEST PALM BCH FL 33401
			000110527350 10/09/07 01023 010 **150.00

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 contained in Chapter 119, 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/29/07

Date

Daytime Phone #

561-308-2659

B. Mitchell

OCT 26 2007

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R.S.V.P. PACK & SHIP
palm beach

277 Royal Poinciana Way • Palm Beach, Florida 33480 • Phone (561) 659-9077 • Fax (561) 659-9776 email • rsvp277@hotmail.com


October 1, 2007

Florida Department of State
Secretary of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

RSVP Tampa, Inc. did not receive a renewal form for the annual corporate filing requirement. As soon as I realized that it was renewal time, I downloaded the form. I respectfully ask that you waive the higher reinstatement fee. To this end, I have enclosed \$150.00 for reinstatement. Thank you for your assistance in this matter.

Sincerely,



Richard Kelly
RSVP