

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # PO7000004224

1. Corporation Name  
Rhonda L Boertmann, C.O.T.A., P.A.  
WI-32059

2. Principal Office Address - No P.O. Box #  
1666 Monica St.

Suite, Apt. #, etc.

3. Mailing Office Address  
1666 Monica St.

Suite, Apt. #, etc.

City & State  
Deltona, FL

Zip  
32725

Country  
Volusia

City & State  
Deltona, FL

Zip  
32725

Country  
Volusia

7. Name and Address of Current Registered Agent

Name  
Rhonda L. Boertmann

Street Address (P.O. Box Number is Not Acceptable)  
1666 Monica St.

Suite, Apt. #, Etc.

City  
Deltona

State  
**FL**

Zip Code  
32725

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  
Rhonda L. Boertmann  
REGISTERED AGENT MUST SIGN

Date  
6-26-2010

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
<u>(Pres.)</u>	<u>Rhonda L. Boertmann</u>	<u>1666 Monica Street</u>	<u>Deltona, FL 32725</u>
<u>(Sec.)</u>	<u>Rhonda L. Boertmann</u>	<u>1666 Monica Street</u>	<u>Deltona, FL 32725</u>
<u>(Dir.)</u>	<u>Rhonda L. Boertmann</u>	<u>1666 Monica Street</u>	<u>Deltona, FL 32725</u>

**REINSTATEMENT**

6/23/10  
09-70

10. E-mail Address: ImproveLifeRlb@aol.com

(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., 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.

SIGNATURE: Rhonda L. Boertmann

Rhonda L. Boertmann 6-26-10

386-801  
7095

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SECRET  
DIVISION OF CORPORATIONS  
10 JUL 22 AM 8:45  
700182818357  
07/22/10--01037--011 \*\*608.75  
700182818357  
07/01/10--01036--025 \*\*300.00

CR2E081 (4/10)

4. Date Incorporated or Qualified To Do Business in Florida  
January 09, 2007

5. FEI Number  
36-4600570

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

PROFIT CORPORATIONS ONLY  
 The \$600.00 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.