

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2017 DEC 8 PM 12:00
SECRETARY OF STATE
PALM HANSSER, FLORIDA

DOCUMENT # P08000012325

1. Corporation Name

RENTAL DEPOT 2, INC.

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

932 49th Street S

Suite, Apt. #, etc.

City & State

Gulfport, Florida

Zip

33707

Country

3. Mailing Office Address

the same

Suite, Apt. #, etc.

City & State

Zip

Country

400306525604
12/08/17--01050--005 **750.00

CR2E061 (11/10)

4. Date Incorporated or Qualified

To Do Business in Florida 02/01/2008

5. FEI Number

22-3975254

☐ 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

Spiegel & Utrera, P.A.

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

1840 Southwest 22 Street

Suite, Apt. #, Etc.

4th Floor

City

Miami

State

FL

Zip Code

33145

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 By

Spiegel & Utrera, P.A.

Vice President

Date

12/7/17

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
PSTD	Dondero, Jennifer	932 49th Street S	Gulfport, Florida 33707

10. E-mail Address: clubassist@amerilawyer.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., 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:

Jennifer Dondero

Jennifer Dondero

12/7/17

(727) 851-3343

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #