

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P 92000002568

1. Corporation Name

REVENUE ENHANCEMENT PROFESSIONALS OF
America, Inc.

Principal Place of Business

5364 Ehrlich Rd
Suite 150
TAMPA FL 33624

Mailing Address

5364 EHRlich RD
SUITE 150
TAMPA, FL 33624

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

Suite, Apt #, etc

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/2/92

5. FEI Number

59-3149206

Applied For

Not Applicable

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CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	Kuhn, Paul D.	5364 Ehrlich Rd., Ste 150	TAMPA, FL 33624
D	Kuhn, Marsha Denise	5364 Ehrlich Rd., Ste 150	TAMPA, FL 33624

8. Name and Address of Current Registered Agent

KUHN, PAUL D
5364 Ehrlich Rd
Suite 150
Tampa, FL 33624

9. Name and Address of New Registered Agent

Name

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

Suite, Apt #, Etc

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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 under section 119.07(3)(g), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

April 21, 1999

Mr. Tyrone Scott
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

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RE: Revenue Enhancement Professionals of America, Inc.

Dear Mr. Scott,

The above-referenced corporation did not receive its annual report form. Please waive all late filing fees. Enclosed is a reinstatement form and a check for \$300.00. It would be greatly appreciated if you would have this corporation reinstated.

Sincerely,

Paul D. Kuhn
Paul D. Kuhn 