

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000017501

1. Corporation Name

R & R UNDERGROUND, INC.

Principal Place of Business

11010 NORTHEAST 47TH AVENUE
ANTHONY FL 32617
US

Mailing Address

POST OFFICE BOX 2124
SILVER SPRINGS FL 34489
US

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

2. New Principal Office Address, If Applicable

11010 NE 47 AVE
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

11010 NE 47 AVE
Suite, Apt. #, etc.

City & State
ANTHONY, FL

Zip Country
32617 US

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ANTHONY, FL

Zip Country
32617 US

REINSTATEMENT

0097

4. Date Incorporated or Qualified
To Do Business In Florida

03/04/1993

5. FEI Number

59-3169365

Applied For

Not Applicable

6.

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	RODDENBERRY, STEWART	11010 NE 47TH AVENUE	ANTHONY FL 32617

800002391109--3
-01/06/98--01065--025
****750.00 ****750.00

12-29-97

8. Name and Address of Current Registered Agent

RODDENBERRY, STEWART
11010 NE 47TH AVENUE
ANTHONY FL 32617

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 12-29-97

11. This corporation owes or has paid 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)(i), 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

[Signature]

12-29-97

Date

352-351-5826

Daytime Phone #

840-4286

CR2E040 (8/97)