

2003 UBR

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSFILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 SEP 25 AM 8:00

DOCUMENT # P93000020620

1. Corporation Name

RTG, INC.

2. Principal Office Address

5870 WASHINGTON ST

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

STE. A

Suite, Apt. #, etc.

City & State

NAPLES, FL

City & State

Zip

34109

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

3/18/93

5. FEI Number

59-3171880

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ALICE A. GRIME

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

4655 NAVASSA LANE

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34119

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 AgentAlice A. Grime
REGISTERED AGENT MUST SIGN

Date 9/24/03

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
P	ROGER J. GRIME	4655 NAVASSA LANE	NAPLES, FL 34119
VST	ALICE A. GRIME	4655 NAVASSA LANE	NAPLES, FL 34119

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 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:

Alice A. Grime
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR9/24/03 239-593-0640
Date Daytime Phone #

CR2E081 (10/02)