

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 10 AM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000074440**

1. Corporation Name

R&S INTEGRATED PRODUCTS & SERVICES, INC.

Principal Place of Business

Mailing Address

~~620 S. FLORIDA AVE.~~
~~LAKELAND FL 33801~~

~~620 S. FLORIDA AVE.~~
~~LAKELAND FL 33801~~

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

2. New Principal Office Address, If Applicable

1647 1/2 George Jenkins Blvd
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

PO Box 3585
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

10/15/1993

5. FEI Number

59-3209124

Applied For

Not Applicable

City & State

Lakeland FL

City & State

Lakeland FL

Zip

33815

Country

Zip

33802

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	PORTER, ROBERT E	620 S. FLORIDA AVE.	LAKELAND FL 33801
TSD	PORTER, DEANNA M	620 S. FLORIDA AVE.	LAKELAND FL 33801
			900023868619 10/17/03--01015--005 **\$8.75
			900023868619 10/17/03--01015--004 **\$750.00

8. Name and Address of Current Registered Agent

PORTER, ROBERT E
~~620 S. FLORIDA AVE.~~
LAKELAND FL 33801

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. or 617.0505, F.S.

Signature of
Registered Agent

Robert E. Porter
REGISTERED AGENT MUST SIGN

Date

10/18/03

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 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:

Deanna M. Porter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-8-03

Date

863-683-9393

Daytime Phone #

CR20040 (7/03)