

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 18 AM 11:12

DOCUMENT # P94000018950

1. Corporation Name

ROOM 4, INC.

Principal Place of Business

Mailing Address

P.O. BOX 770098
WINTER GARDEN FL 34777-0098

PO BOX 651
OAKLAND FL 34760-0651
US



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

03/07/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3245733

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

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
D	BRITT, ROBERT N	PO BOX 651 ((N/A))	OAKLAND FL 34760
D	COTTON, STEPHANN	PO BOX 953208 ((N/A))	OAKLAND FL 33496
D	CLIFTON, GEORGE MARTIN	940 N KEPLER	DELAND FL 32725
D	FETTE, MARK L	PO BOX 651 ((N/A))	OAKLAND FL 34760
			000003440830--6 -10/26/00-01083-010 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BRITT, R NEIL
419 E OAKLAND AVE
OAKLAND FL 34760

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

R. Neil Britt
REGISTERED AGENT MUST SIGN

Date

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:

R. Neil Britt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/16/00

407-652-2115

ROOM 4, INC.

P.O. Box 770098
Winter Garden, FL 34777-0098

Phone 407-656-2113
Fax 407-656-0257

October 16, 2000

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

I am in receipt of the Notice of Administrative Dissolution of Revocation for Document # P94000018950. Please except my apology as our company Room 4, Inc. never received the initial application. I am forwarding to you the completed application with a check in the amount of \$ 150.00. Please reinstate Room 4, Inc., as soon as possible. I can be contacted at (407) 656-2113 if you have any questions. Thank you.

Sincerely,

Rebecca H. Rhoden

Rebecca H. Rhoden