

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

98 FEB 20 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000022460

1. Corporation Name

RIP, INC.

Principal Place of Business

ATTN: GERARD CORBINO
5300 W CYPRESS STREET, SUITE 280
TAMPA FL

Mailing Address

900 WINDERLY PLACE
#100- ATTN: DON DEVANE
MAITLAND FL 32751
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

03/23/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3236020

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)

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
D	DEVANE, DON	900 WINDERLY PLACE, SUITE 100	MAITLAND FL 32751
D	KELLY, PATRICK	900 WINDERLY PLACE, SUITE 100	MAITLAND FL
SV	SALEMME, SUSAN	900 WINDERLY PLACE SUITE 100	MAITLAND FL 32751
			000002448630--0 -03/05/98--01112--005 ****750.00 ****750.00
			000002448630--0 -03/05/98--01112--006 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S PINE ISLAND ROAD
PLANTATION FL 33324

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

PETER F. SOUZA
ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date

2/9/98

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:

Susan Salerni
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (8/97)