

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000036133**

1. Corporation Name

R & L ASSOCIATES, INC.

Principal Place of Business

4851 DAVENPORT LANE
PACE FL 32568

Mailing Address

4851 DAVENPORT LANE
PACE FL 32568

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/10/1994

5. FEI Number

59-3246804

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PVPD	LOWERY, ROBERT E.	4581 DAVENPORT LANE, LOT 1	PACE FL

100004740441--2

12/27/01-01010-018

*****150.00 ***150.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LOWERY, ROBERT E
4581 DANANPORT LANE
LOT 1
PACE FL 32571

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Robert E. Lowery
REGISTERED AGENT MUST SIGN

Date **10-19-01**

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:

Robert E. Lowery
Robert E. Lowery

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-19-01 830-994-8159

CR20040 (8/01)

November 30, 2001

Florida Department of State
Kathy Ashton
Document Specialist
P.O. Box 6327
Tallahassee, FL 32314

Subject: R&L Associates, Inc.
Ref. Number: P94000036133

I am returning my report/reinstatement application with the signature signed by Robert E. Lowery.

I also talked to a Leslie in your office and discussed the problem with the mailing address on our application. She told me to write this letter and to explain that we did not receive the paperwork in a timely manner due to the following address problems on the application:

1. Please change the address to 4581 Davenport Lane
Lot 1
Pace, FL 32571

Mailing address to: P.O. Box 2134
Pace, FL 32571

Lowery, Robert E.
4581 Davenport Lane
Lot 1
Pace, FL 32571

As you can see on the enclosed copy of the form you sent to me some errors were made. If you have any question, please call me at 850 994 8159.

Robert E. Lowery, President