

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

96 DEC 23 PM 1:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000050863**

1 Corporation Name

**R2L, INC.**

Principal Place of Business

Mailing Address

6554 44TH ST N  
STE 1010  
PINELLAS PARK FL 34665  
US

6554 44TH ST N  
STE 1010  
PINELLAS PARK FL 34665  
US

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



|                                                                         |                       |                                                             |                        |                                                                                                                                 |  |
|-------------------------------------------------------------------------|-----------------------|-------------------------------------------------------------|------------------------|---------------------------------------------------------------------------------------------------------------------------------|--|
| 2. New Principal Office Address, If Applicable<br><b>7300 2ND AVE S</b> |                       | 3. New Mailing Office Address, If Applicable<br><b>SAME</b> |                        | 4. Date Incorporated or Qualified To Do Business in Florida<br><b>07/05/1994</b>                                                |  |
| Suite, Apt. #, etc.                                                     |                       | Suite, Apt. #, etc.                                         |                        | 5. FEI Number<br><b>65-0522418</b>                                                                                              |  |
| City & State<br><b>St. Petersburg Fl.</b>                               |                       | City & State<br><b>SAME</b>                                 |                        | Applied For<br>Not Applicable                                                                                                   |  |
| Zip<br><b>33714</b>                                                     | Country<br><b>USA</b> | Zip<br><b>SAME</b>                                          | Country<br><b>SAME</b> | 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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 |
|------------|-------------------------------------|---------------------------------------------------------------------------------------|----------------------|
| CEO        | PEARCE, RICHARD J                   | 7300 2ND AVE S                                                                        | ST PETERSBURG FL     |
| VP         | WARD, JOSEPH B                      | 7325 4TH AVE N                                                                        | ST PETERSBURG FL     |
|            |                                     |                                                                                       |                      |
|            |                                     |                                                                                       |                      |
|            |                                     |                                                                                       |                      |
|            |                                     |                                                                                       |                      |

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-12/26/96--01005--002  
\*\*\*383.75 \*\*\*383.75

**REINSTATEMENT** 1996  
12/23/96  
D. Allen

|                                                                                                |  |                                                                                                                                                                                     |  |
|------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 8. Name and Address of Current Registered Agent                                                |  | 9. Name and Address of New Registered Agent                                                                                                                                         |  |
| GREENE, RALEIGH W III<br><del>240 FIRST AVE N</del> 401 4th Street N<br>ST PETERSBURG FL 33701 |  | Name<br>(New address)<br>Street Address (P.O. Box Number Is Not Acceptable)<br>401 4th Street N only<br>Suite, Apt. # Etc.<br>St. Petersburg Fl. 33701<br>City State Zip Code<br>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 RW Greene **REQUIRED** Date Oct. 2, 96

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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)(f), 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: Richard J. Pearce **REQUIRED** 10/2/96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
RICHARD J. PEARCE Date 10/2/96 Daytime Phone # 813-384-4683