

P9500006558

TRANSMITTAL LETTER

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

RECEIVED
-01/24/95--01075--002
****131.25 ****131.25

SUBJECT: RNB Subs Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☒ \$131.25
Filing Fee,
Certified Copy
& Certificate

FROM:

Robert m BLACK

Name (printed or typed)

866 Shavershead ~~BLVD~~ AVE

Address

New Smyrna Beach FL 32169

City, State & Zip

904-423-5436

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: RNB Subs Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
866 Sheephead Ave. New Smyrna Beach FL 32169

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1,000 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Robert BLACK
866 Sheephead Ave
New Smyrna Beach FL 32169

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Robert M. BLACK
866 Sheephead Ave
New Smyrna Beach FL 32169

Nancy R. BLACK
866 Sheephead Ave.
New Smyrna Beach FL 32169

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

17th day of January, 1995.


Signature


Signature

Signature

Articles of Incorporation
Filing Fee - \$35

RECEIVED
JAN 23 1995
FILED

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: RNB Subs Inc.

2. The name and address of the registered agent and office is:

Robert M. BLACK
(Name)

866 Sheepshead Ave
(P.O. Box not acceptable)

New Smyrna Beach FL 32169
(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Robert M. Black
(Signature)

January 17, 1995
(Date)

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P95000006558

RNB SUBS INC.

Principal Place of Business

866 SHEEPSHEAD AVENUE
NEW SMYRNA BEACH FL 32169

Mailing Address

866 SHEEPSHEAD AVENUE
NEW SMYRNA BEACH FL 32169

APPROVED
AND
FILED

96 OCT -7 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 96

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

01/23/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10601-A1 S. US. Hwy 441

10601-A1 S. US. Hwy 441

City & State

City & State

Heesburg FL

Heesburg FL

Zip

Zip

34788

34788

Country

Country

USA

USA

5 FCI Number

59 3301912

Applied For

Not Applicable

6 CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for 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
Chairman	Robert M. BLACK	866 Sheepshead Ave.	New Smyrna Beach FL 32169
President	Nancy R. BLACK	866 Sheepshead Ave.	New Smyrna Beach FL 32169
Director	Kathleen L. BLACK	104 Crown Oaks way	Longwood FL 32777

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****375.00--****375.00

10/10/96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BLACK, ROBERT
866 SHEEPSHEAD AVENUE
NEW SMYRNA BEACH FL 32169

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

Robert M. Black

REGISTERED AGENT MUST SIGN

Date

10/13/96

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)(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 M. Black

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/96

Date

(352) 368-6699

Daytime Phone #