

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 27 PM 3:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P95000054734

1. Corporation Name

R & D OF LEE COUNTY, INC.

Principal Place of Business

Mailing Address

224 Bayshore Drive

Fort Myers, Fl 33901

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

**REINSTATEMENT 97-98**

2. New Principal Office Address, If Applicable

8401 Riviera Drive

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

8401 Riviera Drive

Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

July 13, 1995

5. FEI Number

59-3334153

Applied For

Not Applicable

City & State

Fort Myers, Fl 33901

City & State

Fort Myers, Fl 33901

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	RABI N. RATNESAR	8401 Riviera Drive	Fort Myers, FL 33901
S/T/	RABI N. RATNESAR	8401 Riviera Drive	Fort Myers, FL 33901

*Handwritten signature/initials*

600002452446-8  
-03/10/98-01046-008  
\*\*\*\*\*300.00 \*\*\*\*\*300.00

8. Name and Address of Current Registered Agent

Danielle DiBiasi  
224 Bayshore Drive  
Fort Myers, Fl 33901

9. Name and Address of New Registered Agent

Name Rabi N. Ratnesar  
Street Address (P.O. Box Number is Not Acceptable)  
8401 Riviera Drive  
Suite, Apt. #, Etc.  
City Fort Myers State FL Zip Code 33919

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

Rabi N. Ratnesar

REGISTERED AGENT MUST SIGN

Date 11 FEB 98

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Rabi N. Ratnesar president

Date

Daytime Phone #

CR2E040 (12/96)