

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 APR 20 AM 10:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000071380

1. Corporation Name

RVUSA, INC.

2. Principal Office Address

7681 S. Hwy. 441

Suite, Apt. #, etc.

City & State

Ocala, FL

Zip

34480

Country

USA

3. Mailing Office Address

3600 SE 52nd Street

Suite, Apt. #, etc.

City & State

Ocala, FL

Zip

34480

Country

USA

**REINSTATEMENT**

00-01

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-3336299

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Kathleen Couch

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

3600 SE 52nd Street

Suite, Apt. #, Etc.

City

Ocala, FL

State  
FL

Zip Code  
34480

000004287520--3

05/22/01--01079--016

\*\*\*\*900.00 \*\*\*\*900.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Kathleen Couch*  
REGISTERED AGENT MUST SIGN

Date

4-16-01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Kathleen Couch	3600 SE 52nd Street	Ocala, FL 34480
VP	Robert Couch	3600 SE 52nd Street	Ocala, FL 34480

10. 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

Date

Daytime Phone #

*Kathleen C. Couch*

4-16-01

352-351-2717