

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # P95000072021

1. Corporation Name

RAPID RETRIEVAL, INC.

Principal Place of Business

Mailing Address

804 N. Bay Street
Suite 2
Eustis, Florida 32726

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

2. New Principal Office Address, If Applicable

P.O. Box 520

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

P.O. Box 520

Suite, Apt. #, etc.

City & State

Sorrento, FL

City & State

Sorrento, FL

Zip

32776

Country

U.S.

Zip

32776

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

September 13, 1995

5. FEI Number

☒ 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)

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
Pres.	MARK R. CARSON	Post Office Box 520	Sorrento, FL 32776
Sec.	LEE ANN CARSON	Post Office Box 520	Sorrento, FL 32776

REINSTATEMENT

(97)
A. Alaw
12/15/97

8. Name and Address of Current Registered Agent

Frank T. Gaylord
804 N. Bay Street, Suite 2
Eustis, Florida 32726

9. Name and Address of New Registered Agent

Name
Mark R. and Lee Ann Carson
Street Address (P.O. Box Number is Not Acceptable)
25958 Arundel Way
Suite, Apt. #, Etc.

City
Sorrento

State
FL

Zip Code
32776

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **12-10-97**

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:

Mark R. Carson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-10-97

Date

352 383 5482

Daytime Phone #