

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

P.O. BOX 520
SORRENTO FL 32776

P.O. BOX 520
SORRENTO FL 32776

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

2. New Principal Office Address, if Applicable

505 Wakiva Springs Rd.
Suite, Apt. #, etc.

Longwood, FL

Zip 32779 Country U.S.

3. New Mailing Office Address, if Applicable

505 Wakiva Springs Rd.
Suite, Apt. #, etc.

Longwood, FL

Zip 32779 Country U.S.

REINSTATEMENT 08

4. Date Incorporated or Qualified To Do Business in Florida

09/13/1995

5. FEI Number

APPLIED FOR

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	CARSON, MARK R	P.O. BOX 520 505 Wakiva Springs Rd. Suite 800	SORRENTO FL 32776
S	CARSON, LEE ANN	P.O. BOX 520 Longwood, FL	SORRENTO FL 32776
VP	CARSON, LEE ANN	P.O. Box 520 32779	FL 32776

700002724377-6
-12/29/98-01019-005
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CARSON, MARK R
25958 ARUNDEL WAY
SORRENTO FL 32776

Name J. A. Jurgens
Street Address (P.O. Box Number Is Not Acceptable)
505 Wakiva Springs Rd.
Suite, Apt. #, Etc.
Suite 800
City Longwood
State FL Zip Code 32779

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date 12/15/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Mark R. Carson

Date 12/15/98

Daytime Phone # (407) 772-2277