

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB 25 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000073412

1. Corporation Name

RKO, INC.

2. Principal Office Address

312 S. Congress Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

Zip

33406

Country

Palm Beach

City & State

Zip

Country

REINSTATEMENT 03-01

700028229827
02/25/04--01006--013 **150.00

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-061-6680

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

Gerald R. Pumphrey

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

11000 Prosperity Farms Road - #300

Suite, Apt. #, Etc.

#300

City

Palm Beach Gardens,

State

FL

Zip Code

33410

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

Gerald R. Pumphrey
REGISTERED AGENT MUST SIGN

Date 1/30/04

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/D/S/T	Odle, Gary A.	312 S. Congress Avenue	West Palm Bch, FL 33406

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:

Gerald R. Pumphrey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/1/04

Daytime Phone #

541-684-1381