PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 NOV 21 PM 4: 00

DOCUMENT # P95000075558

1. Corporation Name

RTK ENTERPRISES OF FLORIDA, INC

01

2. Principal Office Address

420 US Highway One

Suite, Apt. #, etc.

Suite 15

City & State

North Palm Beach, FL

Zip	Country
33408	USA

3. Mailing Office Address

420 US Highway One

Suite, Apt. #, etc.

Suite 15

City & State

North Palm Beach, FL

Zip	Country
33408	USA

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida 9/27/1995

5. FEI Number	Applied For
65-0616470	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

Robert T. Knox

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

721 Huckleberry Lane

Suite, Apt. #, Etc.

City

North Palm Beach

State	Zip Code
FL	33408

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-12/12/01--01074-005
****750.00 ****50.00

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 _____ Robert C. Knox _____

REGISTERED AGENT MUST SIGN

Date November 30, 2001

CR2E081 (9/00)

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/P	Robert T. Knox	721 Huckleberry Lane	North Palm Beach, FL 33408
P	Jacqueline M. Knox	721 Huckleberry Lane	North Palm Beach, FL 33408
			AD

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: _____ Robert C. Knox President _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

November 16, 2001

Date / Daytime Phone #