

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

02 SEP 30 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P95000076813

1. Corporation Name

RR1, Inc.

2. Principal Office Address

478 E. Altamonte Dr.

Suite, Apt. #, etc.

Suite 108-520

City & State

Altamonte Springs, FL

Zip

32701

Country

US

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

REINSTATEMENT 99-02

4. Date Incorporated or Qualified
To Do Business in Florida

10/06/1995

5. FEI Number

593337182

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

Robert W. Bird

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

378 Centerpointe Cr.

Suite, Apt. #, Etc.

Suite 1238

City

Altamonte Springs

State

FL

Zip Code

32701

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 W. Bird

Date

9/26/02

REGISTERED AGENT MUST SIGN

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
D	Brust, Janis	478 E. Altamonte Dr. Suite 108-520	Altamonte Springs, FL 32701

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:

Janis Brust

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/26/02

Daytime Phone #

407-3393200

9/26/02