PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

P97000013884 DOCUMENT

1. Corporation Name						
R-N-R RESURFACING, INC.			SECRETARY OF STATE TALLAHASSEE. FLORIDA			
•			IAL	-Lanassee, Fl	. ОКІДА	
Principal Place of Business	Mailing Address					
632 GREEN MEADOW AVE	632-GREEN MEADOW-AVE	632-GREEN MEADOW-AVE				
MAITLAND FL 32751	MAITLAND-FL 82751			 		
		_		a - 1997 表示智慧的		
If above addresses are incorrect in any way,			REINSL	A I EINEN	40 00	
2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida		
Suite, Apt. #, etc.	Suite, Apt. #, etc.			02/10/1997 5. FEI Number		
City & State / O- d	City & State, /		5. FEI Number	392375	Applied For	
WINTER PAIR 17	Winter 14	Winter PUR		6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status		
Zip 32792 Country Survivo of a	32792	32-792 Country Sentrole				
7. Names and Street Addresses of Each Office		orations must list at lea	st 3 directors)			
Name of Offic Title(s) and/or Direct	ors	Street Address of Each Officer and/or Director		City / State / Zlp		
1 2	3 (Do NOT	Use Post Office Box Nu	mbers) 4	·	· · · · · · · · · · · · · · · · · · ·	
Pras Am 3 Spance	2 1637 9	wormood Cr	r i	Vinter Part	A 32792	
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			• 1	-12/02/98	-01088013	
				****758.79	****758.75	
			l			
8. Name and Address of C	9. Name and Address of New Registered Agent					
Name						
SPENCER, ANN S			Hnn 3 Spencer ddress (P.O. Box Number is Not Acceptable)			
E32 GREEN MEADOW AVE			1537 Sugaraxx Cir			
MAITLAND FL 32751		Suite, Apt. #, Etc.				
		CityUmAEI	- Onch	Stat	e Zip Code	
10. I, being appointed the registered agent of	he aboyo named corporation, am familiar	with and accept the ob	ligations of Section 6	107 0F05 F 0	- 50118	
(())		UIRED		11/14	100	
Signature of Registered Agent	REGISTERED AGENT MUST SIGN			Date ////	1 10	
11. This corporation owes		ear		.		
Intangible Personal Pro		Yes 🔼	No 🗆	(See other si on inta	ide for information angible tax.)	
anglolo i oloona i re	, po. 1, tax ado bano bo.					
 I certify that I am an officer or director or the this reinstatement application, the reason for 						

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:

FILED

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