

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 NOV -7 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000058692

1. Corporation Name

RNP ENTERPRISES, INC.

2. Principal Office Address

700 ATLANTIS RD.

Suite, Apt. #, etc.

SUITE 303

City & State

MELBOURNE, FL

Zip

32904

Country

BREVARD

3. Mailing Office Address

700 ATLANTIS RD

Suite, Apt. #, etc.

SUITE 303

City & State

MELBOURNE, FL

Zip

32904

Country

BREVARD

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

7/7/1997

5. FEI Number

593457584

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

MARY KESIN

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

711 PEBBLE BEACH AVE. NE

Suite, Apt. #, Etc.

City

PALM BAY

State

FL

Zip Code

32905

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

11/5/03

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
PD	NED KESIN JR.	711 PEBBLE BEACH AVE NE	PALM BAY FL 32905
TD	MARY KESIN	711 PEBBLE BEACH AVE NE	PALM BAY FL 32905
SD	STEVEN KELLY JR	501 GILBERT DR, NE	PALM BAY, FL 32907
VP	NED KESIN	711 PEBBLE BEACH AVENUE	PALM BAY FL 32905

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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

11/5/03

Daytime Phone #

321-984-7999

CR2081 (10/02)

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