

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 MAY 22 AM 11:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000063605

1. Corporation Name

THE RADIO SHOP, INC.

2. Principal Office Address

329 Kimberly Court

Suite, Apt. #, etc.

City & State

Sanford, FL

Zip  
32771

Country  
US

3. Mailing Office Address

329 Kimberly Court

Suite, Apt. #, etc.

City & State

Sanford, FL

Zip  
32771

Country  
US

4. Date Incorporated or Qualified  
To Do Business in Florida

07/22/1997

5. FEI Number

59-3496117

☐ 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

Bruce A. Rhea

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

329 Kimberly Court

Suite, Apt. #, Etc.

City

Sanford

State  
FL

Zip Code  
32771

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

Date 5/9/2006

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
P	Bruce A. Rhea	329 Kimberly Court	Sanford, FL 32771
VPD	Ruth A. Rhea	329 Kimberly Court	Sanford, FL 32771

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 contained in Chapter 119, 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:

Bruce A Rhea

5/9/2006

(407)323-8409

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #