

R. P. STUDIOS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 98-99-100

Principal Place of Business

Mailing Address

8988 CRICHTON WOOD DRIVE
ORLANDO FL 32819

P.O. BOX 1791
WINDERMERE FL 34786

5836 WINDHOWER DR
ORLANDO FL 32819

4. Date Incorporated or Qualified
To Do Business in Florida

07/31/1997

5. FEI Number
59-3462584

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

Country

Nonprofit corporations must list at least 3 directors)

Street Address of Each
Officer and/or Director
(Do NOT Use Post Office Box Numbers)

BOX 1791

City / State / Zip
WINDERMERE FL 34786

900002814789-1
-03/23/99-01025-001
****750.00 ****750.00

900002814789-1
-03/23/99-01025-002
****150.00 ****150.00

9. Name and Address of New Registered Agent

Name

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

Suite, Apt #, Etc

City

State Zip Code

FL

I am familiar with and accept the obligations of Section 607.0505, F.S.

10. SIGN

Date 2/25/99

rent year
30. Yes ☐ No ☒

(See other side for information
on intangible tax)

I do to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing
ed, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees
d on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated
me legal effect as if made under oath.

RICHARD PILLE
OFFICER OR DIRECTOR

2/25/99 401-226-1967
Date Expiration Period

2. New Principal Office

Suite, Apt #, etc.

City & State

Zip

7. Names and Street Address

Title(s)

1 D PILLE, RIC

8. Name

PILLE, RICHARD
8988 CRICHTON W
ORLANDO FL 32819

10. I, being appointed the

Signature of
Registered Agent

11. This corpor
Intangible F

12. I certify that I am an offi
this reinstatement appli
owed by the corporation
on this application is tru

SIGNATURE:
SIGN