

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JUL 25 PM 5:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000067371

1. Corporation Name

RONELA OF OCALA, INC.

XB

2. Principal Office Address

2007 S.W. COLLEGE RD.

3. Mailing Office Address

2007 S.W. COLLEGE RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1998-2001 UBR

City & State

OCALA, FL

City & State

OCALA, FL

4. Date Incorporated or Qualified To Do Business in Florida

8/5/97

5. FEI Number

59-3461509

Applied For

Not Applicable

Zip

34474

Country

Zip

34474

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ELAINE READER

700004547737-2

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

1213 N.E. 21ST COURT

-08/22/01--01004-025

***\$600.00 ***\$00.00

Suite, Apt. #, Etc.

City

OCALA

State

FL

Zip Code

34470

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

Elaine Reader
REGISTERED AGENT MUST SIGN

Date

7/20/01

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
PRES.	ELAINE READER	1213 N.E. 21ST COURT	OCALA, FL 34470
V.P.	RONALD R. READER	1213 N.E. 21ST COURT	OCALA, FL 34470

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:

Elaine Reader ELAINE READER

Date

7/20/01

Daytime Phone #

352-307-8522

CR2E001 (8/00)