

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

APPLICATION FOR



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

FILED

01 JAN -3 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000023760

1. Corporation Name

RLF & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

11902 QUAIL RUN DRIVE
FT. MYERS FL 33908

11902 QUAIL RUN DRIVE
FT. MYERS FL 33908



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

03/10/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0916147

Applied For

Not Applicable

City & State

City & State

Zip Country Zip Country

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	BARI, LORRAINE	11902 QUAIL RUN DRIVE	FT. MYERS FL 33908

688993536616-4
-01/16/01--01005--006
****150.00 ****150.00

W UBR TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BARI, LORRAINE
11902 QUAIL RUN DRIVE
FT. MYERS FL 33908

Name

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

Suite, Apt. #, Etc.

City State Zip Code
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent Lorraine Bari
REGISTERED AGENT MUST SIGN

Date 10/10/2000

11. 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: Lorraine Bari
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Lorraine Bari

10/10/2000 (941) 489-3677
Date Daytime Phone #

CR2E040 (8/00)

2 of 2

R. L. F. & ASSOCIATES, INC.
11902 QUAIL RUN DRIVE
FORT MYERS, FLORIDA 33908
(941) 489 - 3167

October 13, 2000

Florida Department of State
Division of Corporations
Post Office Box 1500
Tallahassee, Florida 32302-1500

RE: R.L.F& ASSOCIATES, INC
Document# P99000023760

TO WHOM IT MAY CONCERN:

I am the President of the above mentioned Corporation. In March of 2000, we contacted the Department of State because we had not received our annual filing report. For some reason, the annual report was sent back and we are not sure why, since the address was correct when we called Tallahassee. They said they would send another blank form immediately, before the May 1, due date. In late April, 2000, we called again because we had still not received the blank form.

We never did receive the blank form and today received an application for reinstatement. We complained to the Department of State, that because of their error, we did not feel that we should be liable for the \$550.00 fee. They advised us that we should send a letter explaining the circumstances, and that the \$150.00 fee would be accepted.

If you should be in need of any further information, please do not hesitate to contact me.

Sincerely,

Lorraine Bari
Lorraine Bari

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