

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 DEC 26 PM 4:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P 99 0000 51304

1. Corporation Name

RANDA L. N III INC

2. Principal Office Address

275 Westshore Plaza

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33609

Country

UNITED STATES

Zip

33761

Country

UNITED STATES

**REINSTATEMENT**

00

4. Date Incorporated or Qualified  
To Do Business in Florida

6/7/99

SP

5. FEI Number

36-4305264

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

LINDA KRAMER

Street Address (P.O. Box is acceptable)

275 WESTSHORE PLAZA

Suite, Apt. #, etc.

City

TAMPA

State

FL

Zip Code

33609

100003529311

-01/03/01--01036--014

\*\*\*750.00 \*\*\*750.00

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

Linda Kramer

Date

12/19/00

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
Pres	LINDA KRAMER	275 WESTSHORE PLAZA	TAMPA, FL 33609
Sec	RANDALL JOHNSON	275 WESTSHORE PLAZA	TAMPA, FL 33609

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Linda M. Kramer

Date

12/19/00

Daytime Phone #

CR2081 (9/99)