

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 14 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000053957

1. Corporation Name

RINER & RINER, INC.

Principal Place of Business

211 HOWARD STREET
AUBURNDALE FL 33823

Mailing Address

211 HOWARD STREET
AUBURNDALE FL 33823

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

06/14/1999

Suite, Apt. #, etc.

513 HILLSIDE DR

Suite, Apt. #, etc.

513 HILLSIDE DR

City & State

AUBURNDALE, FL

City & State

AUBURNDALE, FL

Zip

33823

Country

POLK

Zip

33823

Country

POLK

5. FEI Number

59-3573171

Applied For

Not Applicable

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)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|-------------------------|
| PTD | RINER, CHARLES L | 211 HOWARD STREET | AUBURNDALE FL 33823 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

100009008021

11/14/02--01089--018 **150.00

8. Name and Address of Current Registered Agent

RINER, CHARLES L
211 HOWARD STREET
AUBURNDALE FL 33823

9. Name and Address of New Registered Agent

Name

CHARLES L RINER

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

513 HILLSIDE DR

Suite, Apt. #, Etc.

City

AUBURNDALE

State

FL

Zip Code

33823

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
Charles L Riner

REGISTERED AGENT MUST SIGN

Date

10/28/02

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:

SIGNATURE REQUIRED
Charles L Riner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/28/02
863-412-4799

Daytime Phone #

CR2E040 (8/02)

**RINER & RINER INC.
513 HILLSIDE DR.
AUBURNDALE, FL 33823**

TO: Whom it may concern,

RE: UBR notice for filing the annual corporation report.

I did not receive any notices regarding this report. If you would send one to my present address I will fill it out and return . The address to send it to is 513 Hillside Dr. ,Auburndale, Fl 33823. I may also be reached by phone at 863-967-3992 or you may fax the report to 863-968-1816. Thank you for your help in this matter.

Sincerely,

Charles L Riner

**Charles L Riner
President
Riner & Riner Inc.**