

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 OCT -4 AM 10:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P99000076792**

1. Corporation Name

**R&R Productions of Tampa, Inc.**

**800008285848--3**  
-10/09/02--01043--012  
\*\*\*\*300.00 \*\*\*\*300.00

2. Principal Office Address

**4435 Fallbrook Blvd**

Suite, Apt. #, etc.

3. Mailing Office Address

**4435 Fallbrook Blvd.**

Suite, Apt. #, etc.

City & State

**Palm Harbor FL**

City & State

**Palm Harbor FL**

Zip

**34685**

Country

**USA**

Zip

**34685**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**8/27/1999**

5. FEI Number

**59-3598243**

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**7. Name and Address of Current Registered Agent**

Name

**G. Michael Nelson**

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

**718 W. MLK Blvd.**

Suite, Apt. #, Etc.

**Suite 200**

City

**Tampa**

State

**FL**

Zip Code

**33603**

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

**10/1/02**

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

| Titles             | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------------------|--------------------------------------|---|--------------------|
| <b>P.S.<br/>D.</b> | <b>Randolph Rowan</b>                | <b>4435 Fallbrook Blvd</b>                        | <b>Palm Harbor</b> |
|                    |                                      |   |                    |
|                    |                                      |   |                    |
|                    |                                      |   |                    |
|                    |                                      |   |                    |
|                    |                                      |   |                    |

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**10-1-02**

Daytime Phone #

CR2E081 (9/01)

2/10/4/02

# Randolph R. Rowan

4435 Fallbrook Boulevard  
Palm Harbor, Florida 34685-2653

(813) 877-7263

October 1, 2002

Division of Corporations  
Reinstatement Department  
P.O. Box 6327  
Tallahassee, Florida 32314

RE: R & R Productions of Tampa, Inc.

To Whom It May Concern:

My corporation was dissolved administratively on September 21, 2001 for failure to file the 2001 UBR. In March of 2001, I had a stroke. On September 12, 2001, I was hospitalized for related complications, as well as a ruptured esophagus and other serious medical conditions. And earlier this year, they discovered a hole in my heart. Because of my many health issues, the filing of the 2001-UBR was overlooked.

Pursuant to a telephone conversation had with your reinstatement division earlier today's date, please allow this letter to serve as my request for the Division to waive the standard reinstatement of nine hundred dollars (\$900.00). I have enclosed my Corporation Reinstatement Application, as well as a check in the amount of three hundred dollars (\$300.00), which your office has indicated to be the required reinstatement fee.

Should you have any questions, please do not hesitate to call.

Sincerely,

  
RANDY ROWAN

RR/sdc  
Enclosures