

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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DOCUMENT # P99000084145

1. Corporation Name

RTA ENTERPRISES, INC

2. Principal Office Address

10711 Seminole Ave.

Suite, Apt. #, etc.

City & State  
Tampa, FL

Zip  
33612

Country  
USA

3. Mailing Office Address

10711 Seminole Ave.

Suite, Apt. #, etc.

City & State  
Tampa, FL

Zip  
33612

Country  
USA

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

Sept. 22, 1999

5. FEI Number

59-3606798

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

ANGEL TIMOTHY HAYA

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

10711 Seminole Ave.

Suite, Apt. #, Etc.

City

Tampa

State  
FL

Zip Code  
33612

800004573108-2

09/06/01-01099-014

\*\*\*908.75 \*\*\*908.75

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

*Angel T. Haya*

REGISTERED AGENT MUST SIGN

Date 8-21-01

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.	Angel S. Haya	10711 Seminole Ave	Tampa, FL 33612
V.P.	Angel T. Haya	10711 Seminole Ave	Tampa, FL 33612
Sec.	Linda Dobbs	3121 FAIR PLAY RD	RUTLEDGE, GA. 30063
Treas.	Stepheny Cargile	4155 Elizabeth st	Covington, GA. 30014

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:

*Angel Haya*

ANGEL HAYA Pres.

8-5-01

813-935-4562

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/00)