PLEASE READ	ALL_INST	RUCTIONS	BEFORE C	OMPLET	ING THIS FOR			
APPLICATION FOR  FOR  STATE  STATE  APPLICATION  FOR  STATE  FOR  STATE  FOR  FOR  FOR  FOR  FOR  FOR  FOR  FO					FILED =			
DOCUMENT # P99000102747  1. Corporation Name				00 NOV 29 AM 10: 34				
R & R ENTERPRISE USA, INC.				SECRETARY OF STATE TALLAHASSEE FLORIDA			<u>=</u> =:3	
Principal Place of Business Mailing Address				}		=	<u> </u>	
PO BOX 252 PO BOX 252 MANGO FL 33584 MANGO FL 33584							= · - <b>=</b> ·	
If above addresses are incorrect in any way, line thro	ough incorrect in	formation and enter of	correction below.	] 		=	Ξ	
New Principal Office Address, If Applicable	g Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 11/24/1999			≡		
Suite, Apt. #, etc.	etc.		5. FEI Number — — — Applied For			=		
City & State BRANDON FL  City & State				59-36102-90 Not Applicable			≣.	
Zip 33570 Country	Zip	Country	у	6. CERTIFICATE	E OF STATUS DESIRED 🗀 🎬	./ 5 Additional Fee required		
7. Names and Street Addresses of Each Officer and/	or Director (Flo	rida nonprofit corpora	itions must list at lea	est 3 directors)				
Title(s) and/or Directors Officer and			eet Address of Each		City / S	state / Zip	≣	
1 2		3		·	STEENER FI SOCO		≣	
D MENDENALL, RICHELLE K	1206 LU	RIE CIRC	<u>-E</u>	BRANDAFL	33510	_		
D MENDENALL, RANDALL E		506 GROVE AVENUE 1206 LORIE CIRCI			SEFFNER FL 33584 BRANDON FI	33570	= =	
				/	_	<del>=</del>		
	·		<u> </u>	8000034934382				
				-12/11/0001041019 			_	
				*****150.00 ******150.00				
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					1	: <u></u>	$\equiv$	
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent							_	
ACCOUNTING & TAX HELP, INC.				1 FVALZ				
8668 PARK BLVD., SUITE A	Street Address (P.O. Box Number is Not Acceptable)  710 94 <sup>TH</sup> AVI NO #302					=		
SEMINOLE FL 33777		Suite, Apt. #, Etc.				=		
			City ST P=	TERIBUR	Stat	e Zip Code 33702	_	
10. I, being appointed the registered agent of the abo	ve named corpo		•	oligations of Secti	orl 607,0505, F.S.		_	
Signature of Registered Agent Date 11-7-20  REGISTERED AGENT MUST SIGN								
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  C19-4386								
						ı		

2052 102747

ACCOUNTING & TAX HELP 710 94<sup>TH</sup> AVENUE NORTH #302 ST. PETERSBURG, FL. 33702 TEL: 727-577-9602

November 7, 2000

FLORIDA DEPT OF STATE ANNUAL REPORT/REINSTATEMENT SECTION P.O. BOX 6327 TALLAHASSEE, FL. 32314-6327

RE: R&R ENTERPRISE USA, INC.

ENCLOSED IS THE APPLICATION FOR REINSTATEMENT. BECAUSE THE COMPANY-HAD—TWO MOVES DURING THE YEAR, THEY DID NOT RECEIVE THE ORIGINAL RENEWAL FORM. WE ARE ENCLOSING A CHECK IN THE AMOUNT OF \$150.00 TO RENEW THE CORPORATION AND WOULD ASK THAT YOU WAVE ALL OTHER FEES IN VIEW OF THE FACT THAT THEY DID NOT RECEIVE THEIR ORIGINAL RENEWAL FORMS.

FAX: 727-577-6413

THANK YOU!

SINCERELY OSEPH F. VALZ, CFP, CPBC, EA

> TODOR CHAT FACTOR TO EDITOR TO CONTROL TO THE SAME EDITOR T