

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

PG/alt

DOCUMENT # P99000104975

1. Corporation Name

R & B SERVICES OF CENTRAL FLORIDA, INC.

00 DEC -8 AM 11:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

4507 CALENDULA DR  
ORLANDO FL 32824

Mailing Address

4507 CALENDULA DR  
ORLANDO FL 32824



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/29/1999

5. FEI Number

59-361304

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
PD	MCGARRY, WILLIAM E	4507 CALENDULA DR	ORLANDO FL 32824

400003890954--1  
03/21/01--01095--015  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

MCGARRY, WILLIAM E  
4507 CALENDULA DR  
ORLANDO FL 32824

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State Zip Code

FL

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.

Signature of  
Registered Agent

*William E McGarry*  
REGISTERED AGENT MUST SIGN

Date 10-23-00

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:

*William E McGarry*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-23-00

Date

Daytime Phone #

CR2E040 (8/00)

Pg. 2 of 2

October 23, 2000

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314-6327

Dear Sirs:

**Re: Document # P99000104975**  
**2000 Annual Report**

We are in receipt of your correspondence informing us of dissolution or revocation of R & B Services of Central Florida, Inc. The Uniform Business Report was forwarded to you with a check for \$150.00, but was never cashed. I called on the second occasion, and was told it is still pending. It would seem the report and check it lost in the mail. We enclosed herein the UBR for the year 2000 along with the fee of \$150.00.

We apologize and request the abatement of any associated penalties. We will ensure that there is no reoccurrence.

Your consideration is appreciated.

Sincerely

*William McGarry*  
William McGarry  
President

