

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P99000106197

1. Corporation Name

R.L.T. FINANCIAL ASSOCIATES, INC.

2. Principal Office Address - No P.O. Box #

17036 FOX TRAIL LANE

Suite, Apt. #, etc.

City & State

LOXAHATCHEE, FL

Zip

33470

Country

USA

3. Mailing Office Address

17036 FOX TRAIL LANE

Suite, Apt. #, etc.

City & State

LOXAHATCHEE, FL

Zip

33470

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

12/06/1999

5. FEI Number  
65-0966969

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

RICHARD L. THOMPSON

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

17036 FOX TRAIL LANE

Suite, Apt. #, Etc.

City

LOXAHATHCEE

State

FL

Zip Code

33470

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 12/5/08

**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
P	RICHARD L. THOMPSON	17036 FOX TRAIL LANE	LOXAHATCHEE, FL 33470

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 contained in Chapter 119, 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

12/5/08

Date

954383-062

Daytime Phone #

FILED  
08 DEC 10 PM 3:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800138875368  
12/10/08--01028--007 \*\*\*450.00

REINSTATEMENT 06-08