

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # P99000107037

1. Corporation Name.

R REALTY INVESTMENTS, INC.

Principal Place of Business

211 E. INTERNATIONAL SPEEDWAY BLVD.
DAYTONA BEACH FL 32118

Mailing Address

211 E. INTERNATIONAL SPEEDWAY BLVD.
DAYTONA BEACH FL 32118

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.
Suite 213

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

12/10/1999

5. FEI Number

59-3614377

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
President	Felix Amou	4205 S. Atlantic Ave.	Daytona Beach, FL 32127
Secretary	Ursula Amou	4205 S. Atlantic Ave.	Daytona Beach, FL 32127
Treasurer			

000003473500--1
-11/21/00--01110--022
******750.00 ****750.00**

8. Name and Address of Current Registered Agent

GARDNER, ROBERT M
209 SOUTH HALIFAX AVENUE
DAYTONA BEACH FL 32118

9. Name and Address of New Registered Agent

Name **Robert D. Perolner**
Street Address (P.O. Box Number is Not Acceptable)
611 N. Wymore Rd
Suite, Apt. #, Etc.
Ste 219
City **Winter Park** State **FL** Zip Code **32789**

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **26 Oct 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.

KE

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-26-00

Date

904 2582144

Daytime Phone #