

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
00 OCT 30 PM 4:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 597442

**1. Corporation Name**

RKO REALTY CORP.

**2. Principal Office Address**

P.M.B. 296.15 Paradise  
PLAZA

Suite, Apt. #, etc.

City & State

SARASOTA.

Zip

FL.

Country

34239

**3. Mailing Office Address**

340 W. Ivywood LN

Suite, Apt. #, etc.

City & State

Naples, FL.

Zip

34112

Country

COLLIER

**4. Date Incorporated or Qualified  
To Do Business in Florida**

11/27/91

**5. FEI Number**

65-0303519

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

JANICE E. ODOM

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

340 W. Ivywood LN

Suite, Apt. #, Etc.

City

Naples

State  
**FL**

Zip Code

34112

**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

JAN ODOM

REGISTERED AGENT MUST SIGN

Date

10/27/00

**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
<u>P</u>	<u>JAN ODOM</u>	<u>340 W. Ivywood LN</u> <u>Naples, FL. 34112</u>	<u>Naples, FL. 34112</u>

REINSTATEMENT

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN ODOM, PRESIDENT

Date

10/27/00

Daytime Phone #

941-774-6853

941-753-0380