

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 OCT 19 PM 12:22

DOCUMENT # V58303

1. Corporation Name

R S B P ENTERPRISES INC

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

1617 SAN MARCO BLVD

3. Mailing Office Address

1617 SAN MARCO BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32207

Country

DUVAL

Zip

32207

Country

DUVAL

7. Name and Address of Current Registered Agent

Name

CHARLOTTE LOGULLO

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

11754 VILLAGE LANE

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32223

4. Date Incorporated or Qualified
To Do Business in Florida

8.18.1992

5. FEI Number

59-3136543

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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

Charlotte Logullo

REGISTERED AGENT MUST SIGN

Date 10/16/09

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
DS	CHARLOTTE LOGULLO	11754 VILLAGE LANE	JACKSONVILLE FL 32223
DP	ROBERT PEARCE	11657 VILLAGE LANE	JACKSONVILLE FL 32223
DV	GILLIAN PEARCE	11657 VILLAGE LANE	JACKSONVILLE FL 32223
D	ELIZABETH DIENNET	315 W. 55TH ST. APT 3E	NEW YORK, NY 10019
D	RICHARD PEARCE	7 GLEN RD TERRACE	LAXEY, ILL or MAN.

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:

R.S.B. Pearce

R.S.B. PEARCE

10.16.09

904 399-3939

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #