

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

99 MAY -6 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 165931

1. Corporation Name

RTOC - Plant City, Inc.

Principal Place of Business Mailing Address

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

2. New Principal Office Address, If Applicable
614 Main Street

3. New Mailing Office Address, If Applicable
614 Main Street

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State
Dunedin, Fl.

City & State
Dunedin, Fl.

Zip
34698

Country
USA

Zip
34698

Country
USA

4. Date Incorporated or Qualified To Do Business in Florida

September 21, 1992

5. FEI Number

59-3150466

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	William Assad	614 Main Street	Dunedin, Fl. 34698
D	Gerald Robbins	614 Main Street	Dunedin Fl. 34698
D	Warren Zimmerman	614 Main Street	Dunedin, Fl. 34698

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***1208.75 ***1208.75

8. Name and Address of Current Registered Agent

F & L Corp.
200 Laura Street
Jacksonville, Florida
32202

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

F & L Corp. By: [Signature]

REGISTERED AGENT MUST SIGN

Date 5-4-99

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes No

(See other side for information on Intangible Tax.)

12. 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 607.0301 or 617.0301, F.S., that all taxes 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)(b), 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/5/99 727-734-9445

CGF/Em/112 88