

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED AND FILED

96 DEC 23 PH 1:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000050863**

1 Corporation Name  
**R2L, INC.**

Principal Place of Business	Mailing Address
6554 44TH ST N STE 1010 PINELLAS PARK FL 34665 US	6554 44TH ST N STE 1010 PINELLAS PARK FL 34665 US



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

2. New Principal Office Address, If Applicable <b>7300 2ND AVE S</b>	3. New Mailing Office Address, If Applicable <b>SAME</b>	4. Date Incorporated or Qualified To Do Business in Florida <b>07/05/1994</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number <b>65-0522416</b>
City & State <b>St. Petersburg Fl.</b>	City & State <b>SAME</b>	Applied For Not Applicable
Zip <b>33714</b>	Country <b>USA</b>	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <b>SB.75</b> Additional Fee required for 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
CEO	PEARCE, RICHARD J	7300 2ND AVE S	ST PETERSBURG FL
<del>VP</del>	<del>WARD, JOSEPH B</del>	<del>7325 4TH AVE N</del>	<del>ST PETERSBURG FL</del>
			200002037932-5 -12/26/96--01005--002 ***383.75 ***383.75
			<b>REINSTATEMENT</b> 1996 12/23/96 D. Allen

8. Name and Address of Current Registered Agent <b>GREENE, RALEIGH W III 240 FIRST AVE N ST PETERSBURG FL 33701</b>	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>(New address)</b> <b>401 4th Street N</b> only Suite, Apt. #, Etc. <b>St. Petersburg Fl. 33701</b> City State <b>FL</b> Zip Code
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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 **RW Greene** REGISTERED AGENT MUST SIGN Date **Oct. 2, 96**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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 607.0401 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)(f), 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: **Richard J. Pearce** REGISTERED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**RICHARD J. PEARCE**  
Date **10/2/96** Daytime Phone # **813-384-4683**

CR2E040 (7/96)