

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 FEB -4 AM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000028461

1. Corporation Name

R2T ENTERPRISES, INC.

2. Principal Office Address

1 138 Lake Ring Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

138 Lake Ring Dr.

Suite, Apt. #, etc.

City & State

Winter Haven, FL

City & State

Winter Haven, FL

Zip

33884

Country

USA

Zip

33884

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

3/26/1998

5. FEI Number

59-3507810

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 04-05

7. Name and Address of Current Registered Agent

Name

Richard F. Trasport

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

138 Lake Ring Drive

Suite, Apt. #, Etc.

Suite 8

City

Winter Haven

State

FL

Zip Code

33884

200046632722
02/15/05--01020--020 **900.00

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

Richard F. Trasport

REGISTERED AGENT MUST SIGN

Date Jan 6, 2005

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
D	Richard F. Trasport	138 Lake Ring Dr.	Winter Haven, FL 33884

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: *Richard F. Trasport* Richard F. TRASPORT Jan 6 - 2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

phone 863 324-0618

CR2E081 (01/04)