

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

98 DEC -8 PM 4: 36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION
98 AR
REINSTATEMENT

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

DOCUMENT # P97000058015

1. Corporation Name

RALPH S. ARCHIBALD IV, INC.

Principal Place of Business

Mailing Address

11388 NE COUNTY ROAD 316
FORT MCCOY FL 32134

11388 NE COUNTY ROAD 316
FORT MCCOY FL 32134



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

07/01/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

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	ARCHIBALD, RALPH S IV	16201 NE 148TH TERRACE ROAD	FORT MCCOY FL 32134
D	ARCHIBALD, CYNTHIA R	16201 NE 148TH TERRACE ROAD	FORT MCCOY FL 32134

500002713075-1
-12/15/98-01070-014
****150.00 ****150.00

JB 12/10

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NEDELISKY, DARYL K ESQ
1650 NORTHWEST 38TH AVENUE
OCALA FL 34482

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 Daryl K. Nedelisky REGISTERED AGENT MUST SIGN

Date 12-7-98

11. This corporation owes or has paid 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 607.0401 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: C. Renee Archibald RECORDED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 12-7-98 Daytime Phone # 352 5465397

CR2E040 (9/98)

Dec. 7, 1998

To: Division of Corporations,

I recently received a notice of Administrative Dissolution or Revocation of our profit corporation. We still need to have our corporation.

In the past 6 months my father has been in 4th stage of cancer of lungs and then it consumed his whole body. The last 3 months of his life my life has been a mess. I must have over looked or misplaced the paperwork. I'm new at this business stuff. At this time in my life you cant even see my desk. I was & still under doctor care at this time also.

Sunder Reddy S. Pasam M.D. P.A.

3200 SW. 27 Ave Suite 101

Ocala, Fl. 34474 - phone 352-237-0550

Also at this time my husband's grandfather was very ill. His grandfather was just like his father. He soon died also.

I'm sending in 150.00 & a letter after talking to your office in hopes you would excuse us at this time for being late in renewal of paperwork. I hope you will reinstate our corporation.

Thank you,

C. Renu Archibald U.P.

R.S. Archibald TV Inc.