

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JAN -7 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #. **P97000092030**

1. Corporation Name

**RELATIONAL APPLICATION
DEPLOYMENT, INC.**

300009923773
01/07/03--01089--015 **1050.00

2. Principal Office Address

21182 FALLS RIDGEWAY FALLS RIDGE WAY

Suite, Apt. #, etc.

3. Mailing Office Address

21182 FALLS RIDGEWAY FALLS RIDGE WAY

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

Zip

33428

Country

USA

Zip

33428

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

05-079371 3

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

SUNITA GOEL

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

21182 FALLS RIDGEWAY

Suite, Apt. #, Etc.

City

BOCA RATON

State
FL

Zip Code

33428

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

Sunita Goel

Date **1/13/03**

REGISTERED AGENT MUST SIGN

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
PD	SUNITA GOEL	21182 FALLS RIDGEWAY	BOCA RATON, FL 33428
VPD	VIKRAM GOEL	21182 FALLS RIDGEWAY	BOCA RATON, FL 33428

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:

Sunita Goel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/03

Date

561 477-9701

Daytime Phone #

CR2E081 (10/02)