

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 MAR 14 PM 4:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA


300092860033

03/15/07--01001--025 \*\*750.00

REINSTATEMENT 03-07

CR2E081 (1/07)

**CORPORATION  
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 233743

1. Corporation Name  
**R F DEVELOPMENT Company Inc**

2. Principal Office Address - No P.O. Box # <b>3401 FRIEDLANDER ROAD</b>		3. Mailing Office Address <b>P.O. Box 32</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>LAKE WALES, FL</b>		City & State <b>LAKE WALES, FL</b>	
Zip <b>33898</b>	Country <b>DOLK</b>	Zip <b>33859-0032</b>	Country

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number <b>59-1225809</b>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name  
**EDWIN M. FRIEDLANDER**

Street Address (P.O. Box Number is Not Acceptable)  
**3401 FRIEDLANDER ROAD**

Suite, Apt. #, Etc.

City  
**LAKE WALES**

State  
**FL**

Zip Code  
**33898**

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 **L Edwin M. Friedlander** Date **2-21-07**  
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	EDWIN FRIEDLANDER	3401 FRIEDLANDER RD.	LAKE WALES, FL 33898
SD	KATHY FRIEDLANDER	3401 FRIEDLANDER RD.	LAKE WALES, FL 33898

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 contained in Chapter 119, 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: **L Edwin M. Friedlander** Date **2-21-07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

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