

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 AUG -9 PM 2:40

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 374981

**1. Corporation Name**

R. S. and D., Inc.

**2. Principal Office Address**

1206 Manatee Avenue W

Suite, Apt. #, etc.

City & State

Bradenton, FL

Zip 34205

Country USA

**3. Mailing Office Address**

1206 Manatee Avenue W

Suite, Apt. #, etc.

City & State

Bradenton, FL

Zip 34205

Country USA

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

12/31/1970

**5. FEI Number**

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

Robert W. Hendrickson, III

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

1206 Manatee Avenue West

Suite, Apt. #, Etc.

City

Bradenton

State  
FL

Zip Code

34205

**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

*Robert W. Hendrickson, III*

REGISTERED AGENT MUST SIGN

Date 7/25/02

**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
P/D	Ted C. French	2033 Main Street, Suite 304	Sarasota, FL 34237
VP	Gilbert A. Smith, Jr.	601 12th Street W	Bradenton, FL 34205

**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:

*Gilbert A. Smith, Jr.*  
SIGNATURE AND SUPERIOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Gilbert A. Smith, Jr., Vice President

Date

Daytime Phone #

7/25/02 747-1871

CR2001 (9/01)