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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
06 JAN -5 AM 9:50  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #

444235

1. Corporation Name

R.I.F. Development Corporation

REINSTATEMENT 02-05

T. Roberts JAN 10 2006

CR2E081 (8/05)

2. Principal Office Address

Pamela King

Suite, Apt. #, etc.

11 George Rd.

City & State

Omak, Wash.

Zip

-98841-

Country

OKanogan

3. Mailing Office Address

Pamela King

Suite, Apt. #, etc.

11 George Rd.

City & State

Omak, Wa.

Zip

-98841-

Country

OKanogan

4. Date Incorporated or Qualified  
To Do Business in Florida

12/07/1972

5. FEI Number

94-2202567

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

Tim Benner

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

2111 Sawgrass Village Dr.

Suite, Apt. #, Etc.

City

Ponte Vedra Beach

State

FL

Zip Code

32802

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

*Tim Benner*

Date 12/21/05

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
Pres	Pamela King	11 George Rd.	Omak, Wa. 98841-
V-P	Richard Miller	11 George Rd.	Omak, Wa. -98841-
Sec.	Devon Miller	11 George Rd.	Omak, Wa. -98841-

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:

*Pamela King*

Pamela King

12/21/05

509-826-5221

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ps 272

Florida Department of State  
Divisions of Corporations  
PO Box 6327  
Tallahassee, FL 32314

To whom it may concern:

We did not get any renewal forms from your office since 2002 and this corporation was not kept current. Our new mailing address is: R.I.F. Development Corp. 11 George Rd., Omak, WA 98841. I am filling out the reinstatement forms with this new address. Please waive the \$600 penalty. I am enclosing a check for \$600 to reinstate. (2002 - 2005)

Thank you very much.

*Pamela King*

R.I.F. Development Corp.  
Pamela King, President