

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JUL 22 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **417826**

1. Corporation Name

RSH LAND INVESTMENTS, INC.

2. Principal Office Address

1251 AVOCET LANE

Suite, Apt. #, etc.

City & State

ST. GEORGE ISLAND, FL

Zip

32328

Country

USA

3. Mailing Office Address

P.O. BOX 854

Suite, Apt. #, etc.

City & State

EASTPOINT, FL 32328

Zip

32328

Country

USA

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

1973

5. FEI Number

59-1512395

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02-05

7. Name and Address of Current Registered Agent

Name

BRADLEY MUNROE

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

239 EAST VIRGINIA STREET

Suite, Apt. #, Etc.

THE CAMBRIDGE CENTER

City

TALLAHASSEE

State

FL

Zip Code

32301

900058543039
08/15/05 01004 007 11/12/05 8.75

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

W. Bradley Munroe
REGISTERED AGENT MUST SIGN

Date **7/22/05**

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/S	ROBERT S. HERREN	1251 AVOCET LANE	ST. GEORGE ISLAND, FL 32328

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:

Robert S. Herren
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert S. Herren 7-21-05

Date

850-927-2768

Daytime Phone #

CR2E081 (01/05)