

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 MAY 31 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 650278

1. Corporation Name

RODAH, INC.

000006073410--0

-06/27/02--01076--005

***2678.75 ***2678.75

85-02

2. Principal Office Address

4901 W. Linebaugh Ave

3. Mailing Office Address

4901 W. Linebaugh Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33624

Country

Hillsborough

Zip

33624

Country

Hillsborough

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

01/07/1980

5. FEI Number

59-1963970

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

Dottie Harris

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

4901 W. Linebaugh Avenue

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33624

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

Dottie Harris

Date 5-30-02

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
DPT	Dottie Harris	13109 Forrest Hills Dr	Tampa, FL 33612
		2520.00-Adm	
		61.25-AR	
		88.75-AR	
		8.75-Cut	

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:

Dottie Harris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-30-02

Date

Daytime Phone #

CR2E081 (9/01)