

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 MAY 10 AM 8:00

DOCUMENT # F99000006706

1. Corporation Name

RIDER HUNT LEVETT & BAILEY LTD.,/INC.

2. Principal Office Address

8283 N. HAYDEN ROAD

Suite, Apt. #, etc.

258

City & State

SCOTTSDALE, AZ

Zip

85258

Country

USA

3. Mailing Office Address

8283 N. HAYDEN ROAD

Suite, Apt. #, etc.

258

City & State

SCOTTSDALE, AZ

Zip

85258

Country

USA

REINSTATEMENT

01-04

MKS

4. Date Incorporated or Qualified  
To Do Business in Florida

12/28/99

5. FEI Number

99-0292243

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

DAVID A. SMITH

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

2400 W. CYPRESS ROAD

Suite, Apt. #, Etc.

100

City

FT. LAUDERDALE

State

FL

Zip Code

33309

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

5/6/04

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/D	JULIAN A.J. ANDERSON	8283 N. HAYDEN RD. #258	SCOTTSDALE, AZ 85258
V/T/D	DAVID A. SMITH	2400 W. CYPRESS RD. #100	FT. LAUDERDALE, FL 33309
D	PETER KNOWLES	410 17 <sup>TH</sup> ST. #1160	DENVER, CO 80202
D	JOHN DUNKERLEY	8283 N. HAYDEN RD #258	SCOTTSDALE, AZ 85258
D	JOHN GRAY	2675 S. JONES BLVD. #203	LAS VEGAS, NV 89146

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:

*[Signature]*

JULIAN A.J. ANDERSON, PRESIDENT

5/5/04

(480)368-8333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)