

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G88505**
1. Corporation Name **Richard Dione Inc.**

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-08/24/01--01038--014

*****1050.00 ***1050.00**

2. Principal Office Address 2170 Long Bow Lane		3. Mailing Office Address same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Clearwater, FL		City & State	
Zip 33764	Country U.S.A.	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 1/1/94	
5. FEI Number 59-2384112	Applied For <input checked="" type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name Lorenda G. Holden	
Street Address (P.O. Box Number is Not Acceptable) 2170 Long Bow Lane	
Suite, Apt. #, Etc.	
City Clearwater	State FL
Zip Code 33764	

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 **8/1/01**

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/ST	Lorenda G. Holden	2170 Long Bow Lane	Clearwater, FL 33764
5/M	Richard K. Holden	2170 Long Bow Lane	Clearwater, FL 33764
	900.00-Adm		
	61.25-AR		
	88.75-ARsupp		

REINSTATEMENT

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]** **President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Lorenda G. Holden**

Date **8-2-01** Daytime Phone # **727-531-9199**