## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

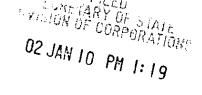
1. Corporation Name

RI	DC	W	/IL.	IN	IC.

Principal Place of Business

C/O RICHARD D. WILLIAMS

Mailing Address % RICHARD D. WILLIAMS



1915 E. BAY DR., SUITE 3-B LARGO FL 33771		1915 E. BAY DRIVE. SUITE #3-B LARGO FL 33771			REBURNO BIND NIND ROLL TO BE A STATE OF THE STATE OF TH				
•			US	us force			MSTATEMENT 01°02		
2. New Principal Office Address, If Applicable  Suite, Apt. #, etc.  City & State			New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 10/29/1986				
		Suite, Apt. #, etc.			5. FEI Numbe	ber Applied For			
		City & State	City & State		6.	59-2731078	Not Applical		
Zip		Country	Zip		Country	l	E OF STATUS DESIRED	\$8.75 Additional Fee requ for a Certificate of Statu	red s
7. Names	and Street Ad	dresses of Each Officer ar	nd/or Director (Flo	orida nonprofit	corporations must list at lea	ıst 3 directors)			
Title(s) Name of Officers and/or Directors			Street Address of Officer and/or Di				/ State / Zip		
PD WILLIAMS, RICHARD D.			1915 E. BAY DRIVE #3B			LARGO FL			
						. 60	000478 -01717702- ****900.00	12262 - <del>01024009</del> 0 ****900.00	
							411	15	
8. Name and Address of Current Registered Agent				ent	Name	9. Name and A	Address of New Register	red Agent	_{,
WILLIAMS, RICHARD D. 1915 E. BAY DRIVE, SUITE #3-B LARGO FL 33771						Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.			2000
10. I, being	g appointed th	e registered age of the a	bove named corp	1 1	niliar with and accept the ob	oligations of Secti		6 40 00	

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

11. 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 filling 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

SIGNATURE:

on this application is true and ace rate, and my signature shall have the same legal effect as if made under oath.