

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 OCT 10 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K18854

1. Entity Name
RODAN DEVELOPMENT CORP.



Principal Place of Business
5297 PRINCETON WAY
BOCA RATON, FL 33496 US

Mailing Address
% BARRY GOODMAN
5297 PRINCETON WAY
BOCA RATON, FL 33496 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10062007 REIN-P CR2E098 (1/07)

4. FEI Number
65-0040517

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOODMAN, BARRY
5297 PRINCETON WAY
BOCA RATON, FL 33496

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2008, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME: PVST
STREET ADDRESS: GOODMAN, BARRY
CITY-STATE-ZIP: 5297 PRINCETON WAY
BOCA RATON, FL 33496 ☐ Delete

TITLE
NAME: **200110606112**
STREET ADDRESS: **10/10/07--01054--017** ☐ Change ☐ Addition
CITY-STATE-ZIP: ****150.00**

TITLE
NAME: ☐ Delete
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE
NAME: ☐ Change ☐ Addition
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE
NAME: ☐ Delete
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE
NAME: ☐ Change ☐ Addition
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CITY-STATE-ZIP:

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NAME: ☐ Delete
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE
NAME: ☐ Change ☐ Addition
STREET ADDRESS:
CITY-STATE-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5 11 2011 10N

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