

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

00 OCT 10 PM 2:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L58406

1. Corporation Name  
RONDOR, INC.

2. Principal Office Address  
55 Arvida Parkway

3. Mailing Office Address  
55 Arvida Parkway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Coral Gables, Florida

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Coral Gables, Florida

Zip Country  
33156 USA

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33156 USA

4. Date Incorporated or Qualified  
To Do Business in Florida 03/14/90

5. FEI Number Applied For  
65-0187656 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

E.H.G. Resident Agents, Inc.

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

5100 Town Center Circle

Suite, Apt. #, Etc.

Suite 330

City

Boca Raton, Florida

State

FL

Zip Code

33486

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

Date 10/04/00

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
PSD	Ronald Faux	55 Arvida Parkway	Coral Gables, FL 33156

REINSTATEMENT 2000

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:

*Ronald Faux*

Ronald Faux, President

10/04/00

305-662-9180

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #