

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

06 DEC 15 PM 3:27

DOCUMENT # NO4000001414

**1. Corporation Name**

RESOLVING DIFFERENCES, INC

**REINSTATEMENT**

05-06

**2. Principal Office Address**

774 NW 41ST

Suite, Apt. #, etc.

SUITE #4

City & State

MIAMI, FL

Zip

33127

Country

MIAMI-DANE

**3. Mailing Office Address**

SAME

Suite, Apt. #, etc.

"

City & State

"

Zip

"

Country

"

CR2E081 (12/05)

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

30-0393729

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

SHELTON ALL WOOD 800082650948

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

774 N.W. 41 STREET

Suite, Apt. #, Etc.

#4

City

MIAMI

State

FL

Zip Code

33127

**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

SHELTON ALL WOOD

REGISTERED AGENT MUST SIGN

Date

12/12/06

**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
MR. CEO	<u>SHELTON ALL WOOD</u>	<u>774 NW 41ST ST #4</u>	<u>MIAMI, FL 33127</u>
MS PRES	<u>ARGERINE WILLIAMS</u>	<u>3298 NW 169TH TERRACE</u>	<u>MIAMI, FL 33066</u>
REV. DR. RAMOND V.P.	<u>ARGLIN</u>	<u>7481 N.W. 13TH ST</u>	<u>PLANTATION FL 33319</u>
REV. ALMA SECT	<u>STEVENS</u>	<u>919 HILL CREST DR</u>	<u>#610 HOLLYWOOD FL 33021</u>
MS. URUASHI TREASURER	<u>MEHTA</u>	<u>1550 NE 123 ST</u>	<u>MIAMI, FL 33161</u>
MR. ROBERT O'BRYEN		<u>#202</u>	
MEMBER		<u>1060 N.W. 85ST</u>	<u>MIAMI, FL 33150</u>

**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 contained in Chapter 119, 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:**

SHELTON ALL WOOD SHELTON ALL WOOD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305)

756-8808