N09000003665

(Requestor's Name)				
(Address)				
(riduless)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



800168469768

02/18/10--01011--006 **35.00

M/Dw Resign

10 FEB 18 AM 10: 25

Probata FEB 1.9 2010

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: REIGNDROP, INC. (Name of Corporation)
DOCUMENT NUMBER: NO900003665
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
LISA DETRICH (Name of Person)
(Name of Person)
(Name of Firm/Company)
(Address)
(Address)
City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (954) 288-8836 (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

10 FEB 18 AM 10: 25

TALLAHASSEE. FLORIDA

Title)

			•	
Ι,	LISA DETRICH	, hereby resign as_	TREASURER	
		•	(Title)	
of_	REIGNDROP INC.			
	(Nam	ne of Corporation)		
	N0900003665	, a corporation organized und	ler the laws of the State of	
	(Document Number, if known)			
	FLORIDA			

(Agnature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314