

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000030664

1. Corporation Name

RDB HOLDING, INC.

Principal Place of Business

1400 PLYMOUTH AVE  
MOUNT DORA FL 32757

Mailing Address

1400 PLYMOUTH AVE  
MOUNT DORA FL 32757

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/21/2000

5. FEI Number

59-2749772

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
Pres/ Dir	Robert D. Butler Sr.	5032 Lake Carlton Dr.	Mount Dora, Fl. 32757
Dir	Martha P. Butler	5032 Lake Carlton Dr.	Mount Dora, Fl. 32757
V.P./ Dir	Robert D. Butler Jr.	2119 Tigertail Rd	Coconut Grove, Fl.
Sec./ Dir	Adam L. Wild	1400 Plymouth Ave.	Mount Dora, Fl. 32757
			300005308143--3 -04/13/02--01045--024
			****\$900.00 ****\$900.00

8. Name and Address of Current Registered Agent

BAILEY, JAMES F  
1400 PLYMOUTH AVE  
MOUNT DORA FL 32757

9. Name and Address of New Registered Agent

Name

Adam L. Wild

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

1400 Plymouth Ave.

Suite, Apt. #, Etc.

City

Mount Dora

State

FL

Zip Code

32757

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Adam L. Wild*

Date 3-15-2002

REGISTERED AGENT MUST SIGN

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 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:

*Adam L. Wild* ADAM L. WILD - SEC. 3-15-2002 352-408-8941

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/01)