

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT -9 PM 1:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000053032**

1. Corporation Name

**RETIREMENT SPECIALISTS INCORPORATED**

Principal Place of Business

Mailing Address

P.O. BOX 1097  
PALM CITY FL 34991

P.O. BOX 1097  
PALM CITY FL 34991



REINSTATEMENT on

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

4. Date Incorporated or Qualified  
To Do Business in Florida

05/22/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1003423

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
D	DUNLAP, ROBERT R	P.O. BOX 1097	PALM CITY FL 34991
D	BROWN, MATHEW	P.O. BOX 1097	PALM CITY FL 34991

100023866997  
10/17/03--01005--004 \*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MADDEN, JOHN W ESQ  
759 S. FEDERAL HWY., STE. 212  
STUART FL 34994

Name

Robert J. Elder III

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

555 Colorado Avenue

Suite, Apt. #, Etc.

Suite 1

City

Stuart

State

FL

Zip Code

34994

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. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/08/03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MATTHEW S. BROWN

Date

Daytime Phone #

10/8/03 772 2208600

CR20040 (7/03)