

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 182

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 DEC 31 AM 8:00

DOCUMENT # P00000062863

1. Corporation Name

RMF SERVICES, INC.

Principal Place of Business

Mailing Address

~~3948 3RD ST. SOUTH #201~~

~~3948 3RD ST. SOUTH #201~~

~~JACKSONVILLE BEACH FL 32250-5047~~

~~JACKSONVILLE BEACH FL 32250-5047~~

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

2. New Principal Office Address, If Applicable

3948 3rd St. South

3. New Mailing Office Address, If Applicable

3948 3rd St. South

Suite, Apt. #, etc.

Suite 108

Suite, Apt. #, etc.

Suite 108

City & State

Jacksonville Beach, FL

City & State

Jacksonville Beach, FL

Zip

32250

Country

USA

Zip

32250

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

06/28/2000

5. FEI Number

59-3654409

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
P	FOSTER, TINA	3948 3RD ST. SOUTH #201	JACKSONVILLE BEACH FL 32250
P	Foster, Tina	3948 3rd St. South #108	Jacksonville Beach, FL 32250

100025868151  
12/31/03 01010-013 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HIDAY, ROBERT D

4100 SOUTHPOINT DR EAST #3

JACKSONVILLE FL 32216

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

12/22/03

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:

*Tina Foster*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/21/03 868-9601  
(904)

**RMF Services, Inc.**

3948 3<sup>rd</sup> St. South  
Suite 108  
Jacksonville, FL 32250

December 21, 2003

Florida Dept. of State  
Division of Corporations

Dear Sir or Madam:

Our office received a notice that our corporation was dissolved, however, we never received the annual report form and had no opportunity to file it on time. Pursuant to the instructions on the reinstatement form, we are requesting that the reinstatement fee be waived.

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Sincerely,

*Tina Foster*

Tina Foster  
President