

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 FEB -2 AM 10:28

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P00000069624

1. Corporation Name

RSD Majestic Supply Company

2. Principal Office Address

2071 SW 70th Avenue

Suite, Apt. #, etc.

City & State

Davie, FL

Zip

33317

Country

Broward

3. Mailing Office Address

244 Conservation Dr

Suite, Apt. #, etc.

City & State

Weston, FL

Zip

33327

Country

Broward

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-1021089

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 07-04
000023012800

02/02/04--01058--006 **300.00

7. Name and Address of Current Registered Agent

Name

Evans, David A.

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

244 Conservation Drive

Suite, Apt. #, Etc.

City

Weston

State

FL

Zip Code

33327

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

David Evans

Date 1-27-04

REGISTERED AGENT MUST SIGN

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
P/D	Evans, David A	244 Conservation Dr	Weston, FL 33327

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 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: *David Evans*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-746-9191

Date

Daytime Phone #

CR2E081 (10/02)