

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 MAY 17 AM 9:10

DOCUMENT # *P01000040730*

1. Corporation Name

CSD, Inc

2. Principal Office Address - No P.O. Box #

103 Williams Ave

Suite, Apt. #, etc.

City & State

Rainbow City, AL

Zip

35906

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

4-20-2001

5. FEI Number

59-3714198

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Frances D Beresid-Andrepoint

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

9200 Park Blvd

Suite, Apt. #, Etc.

Apt 105

City

Seminole

State

FL

Zip Code

33777

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Frances D Beresid-Andrepoint
REGISTERED AGENT MUST SIGN

Date *5-3-2010*

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
<i>DPT</i>	<i>Frances D Beresid-Andrepoint</i>	<i>9200 Park Blvd Apt 105</i>	<i>Seminole, FL 33777</i>
<i>DVS</i>	<i>Albert M Andrepoint</i>	<i>103 Williams Ave</i>	<i>Rainbow City, AL 35906</i>

10. E-mail Address: *franandal@comcast.net*

(To be used for future annual report notification)

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. I further certify 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:

Frances D Beresid-Andrepoint
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-3-2010

Daytime Phone #

256-413-8385