

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P01000065605**

1. Corporation Name

R & D TAX CREDIT COMPANY

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

1175 HIGHWAY A1A #304

Suite, Apt. #, etc.

City & State

SATELLITE BEACH, FL

Zip

32937

Country

BREVARD

3. Mailing Office Address

330 FIFTH AVENUE

Suite, Apt. #, etc.

City & State

INDIALANTIC, FL

Zip

32903

Country

BREVARD

7. Name and Address of Current Registered Agent

Name

THOMAS P FLAVIN & ASSOCIATES

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

330 FIFTH AVENUE

Suite, Apt. #, Etc.

City

INDIALANTIC

State

FL

Zip Code

32931

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

REGISTERED AGENT MUST SIGN

Date **MARCH 25, 2009**

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
D	EL-SEDFY, DEAN	1175 HIGHWAY A1A	SATELLITE BEACH, FL 32937

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 contained in Chapter 119, 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:

DEAN EL-SEDFY

3/25/2009

Date

(647) 986-0687

Daytime Phone #

FILED

09 APR 22 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200151799202
04/22/09--01021--020 **1058.75

REINSTATEMENT 07-09

4. Date Incorporated or Qualified
To Do Business in Florida 07/02/01

5. FEI Number
98-0353358

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

☐ 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.