

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 DEC -2 AM 11:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000102568

1. Corporation Name

RESPONSIBLE FINANCIAL SERVICES INC.

Principal Place of Business

2831 NW 21 CT  
FT LAUDERDALE FL 33311

Mailing Address

2831 NW 21 CT  
FT LAUDERDALE FL 33311

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/22/2001

5. FEI Number

651148250

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
P	GREEN, JERMAINE	2831 NW 21 CT	FT LAUDERDALE FL 33311
V	DAVIS SMITH, BRENDA	2831 NW 21 CT	FT LAUDERDALE FL 33311
T	GREEN, DELORES	2831 NW 21 CT	FT LAUDERDALE FL 33311
S	GROOVER HAYES, PAMDREA	2831 NW 21 CT	FT LAUDERDALE FL 33311

8. Name and Address of Current Registered Agent

GROOVER HAYES, PAMDREA  
2831 NW 21 CT  
FT LAUDERDALE FL 33311

9. Name and Address of New Registered Agent

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

*Pamdrea Groover Hayes*  
REGISTERED AGENT MUST SIGN

Date

11/02/2002

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:

*Jim Smith*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/25/02 (954) 931-1595

CR2E040 (8/02)

2022

November 6, 2002

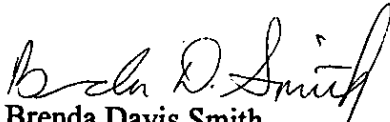
Please see complete UBF form for Responsible Financial Services, Inc.  
We did not receive the renewal notice for the May 2002 deadline,  
therefore we sent the application along with a check for \$150.00.

We did not receive the form back missing the registering agent's signature.  
We had no knowledge that the renewal process was incomplete until receipt  
of the enclosed Notice of Dissolution or Revocation Form.

Please see form with Registering Agent's signature along with a copy of the  
deposited check in the amount of \$150.00. If you have any questions, please feel free to  
contact me at (954) 931-1595.

Thank you for your immediate attention in this matter.

Sincerely,

  
Brenda Davis Smith  
Vice President