

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000013308

1. Corporation Name

RBD Express Inc.

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

7550 Hwy 207

Suite, Apt. #, etc.

City & State

Spuds, FL

Zip

32033

Country

USA

3. Mailing Office Address

7530 State Rd 207

Suite, Apt. #, etc.

City & State

Elkton, FL

Zip

32033

Country

USA

7. Name and Address of Current Registered Agent

Name

Charles E. Hall Jr.

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

77 Almeria St.

Suite, Apt. #, Etc.

City

St. Augustine

State

FL

Zip Code

32084

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

FILED

10 MAY 10 AM 7:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600180667166
05/10/10--01077--016 **\$600.00

CR2E081 (4/10)

4. Date Incorporated or Qualified
To Do Business in Florida

1/29/2002

5. FEI Number

80-0030367

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

PROFIT CORPORATIONS ONLY

☒ The \$600.00 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.

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
PVST	Richard L. Duncan	7530 SR 207	Elkton, FL 32033

REINSTATEMENT

RH

10. E-mail Address: Charles@CTA1040.com

(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #