

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 FEB 26 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

RYD & ASSOCIATES, INC

DOCUMENT NUMBER : P02000043279

100067463081

03/09/06--01026--007 **1050.00

2. Principal Office Address

20815 NE 16TH AVE

3. Mailing Office Address

20815 NE 16TH AVE

Suite, Apt. #, etc.

B-7

Suite, Apt. #, etc.

B-7

City & State

NORTH MIAMI, FL

City & State

NORTH MIAMI, FL

Zip

33179

Country

USA

Zip

33179

Country

USA

04-28-03 91406-027
REINST

CR2E081 (12/05)

1150.00

03-06

4. Date Incorporated or Qualified
To Do Business in Florida

04/22/02

5. FEI Number

01-0680585

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

DAGAN RONEN

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

20815 NE 16TH AVENUE

Suite, Apt. #, Etc.

B-7

City

NORTH MIAMI

State
FL

Zip Code

33179

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 **02/10/06**

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	DAGAN RONEN	1711 NE 19TH TERRACE	NORTH MIAMI, FL 33179

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 607.011 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/10/06

Date

305-655-1045

Daytime Phone #

B. Mitchell MAR 1 2006