

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
03 SEP 24 AM 11:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P02000054024**

1. Corporation Name

Abel, Douglas, & Rhinehardt, Inc.

2. Principal Office Address

9000 Sheridan Street

3. Mailing Office Address

9000 Sheridan Street

Suite, Apt. #, etc.

100

Suite, Apt. #, etc.

100

City & State

Pembroke Pines, FL

City & State

Pembroke Pines, FL

Zip

33024

Country

USA

Zip

33024

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

05/13/2002

5. FEI Number

61-141-4106

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

John Randina

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

9000 Sheridan Street

Suite, Apt. #, Etc.

Suite 100

City

Pembroke Pines

State

FL

Zip Code

33024

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

*John Randina*

REGISTERED AGENT MUST SIGN

Date 09/20/2003

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	Robert Simmons	9000 Sheridan Street, Suite 100	Pembroke Pines, FL 33024
D	William Haines	9000 Sheridan Street, Suite 100	Pembroke Pines, FL 33024

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 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:

*Robert Simmons*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/20/2003

Daytime Phone #

CR2001 (10/02)