

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000084139

1. Entity Name
RFD MANAGEMENT, INC.



FILED

07 MAY 22 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
955 54TH AVE N
ST PETERSBURG, FL 33703

Mailing Address
955 54TH AVE N
ST PETERSBURG, FL 33703

2. Principal Place of Business - No P.O. Box #
FIVE STAR HEARING
Suite, Apt. #, etc.
SUITE # 114

3. Mailing Address
5020 TAMiami TRAIL
Suite, Apt. #, etc.

051620074 CREINAP... 06-07

4. FET Number
20-0132988
Applied For
Not Applicable

City & State
NAPLES FLORIDA
Zip
34103
Country
COLLIER

City & State
FLORIDA
Zip
Country

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVIDSON, ROBERT F
955 54TH AVE N
ST PETERSBURG, FL 33703

7. Name and Address of New Registered Agent

Name
ROBERT F DAVIDSON
Street Address (P.O. Box Number is Not Acceptable)
5020 TAMiami TRAIL SUITE 114
City
NAPLES FL Zip Code
34103

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

5-18-2007

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PS
DAVIDSON, ROBERT F
955 54TH AVE N
ST PETERSBURG, FL 33703 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PS
DAVIDSON, ROBERT F
5020 TAMiami TRAIL SUITE 114
NAPLES FL 34103 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300103041673
05/22/07--01054--001 **308.75 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with another like empowered

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-18-2007 727-543-2580
Date Daytime Phone #