


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
2009 AR			
DOCUMENT # 703000131712			
1. Corporation Name RICHARD DELARD, INC.			
2. Principal Office Address - No P.O. Box # 5841 W. KINE LANE Suite, Apt. #, etc.		3. Mailing Office Address SAME Suite, Apt. #, etc.	
City & State HOMOSASSA, FL		City & State	
Zip 34448	Country USA	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida 11-7-2003		5. FEI Number 92-0179364	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
7. Name and Address of Current Registered Agent Name: RICHARD DELARD Street Address (P.O. Box Number is Not Acceptable): 5841 W. KINE LANE Suite, Apt. #, Etc. City: HOMOSASSA State: FL Zip Code: 34448			
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: [Signature] Date: 6-25-2009 REGISTERED AGENT MUST SIGN			
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	RICHARD DELARD	5841 W. KINE LANE	HOMOSASSA, FL 34448
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 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: RICHARD DELARD [Signature]		Date: 6-25-09	Daytime Phone #: 352-628-243

FILED

09 JUN 26 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400157840084
06/26/09--01002--022 **150.00
CR2E081 (12/08)

7/7
aw