

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000033004

1. Corporation Name

RHBS, INC.

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

950 S. PINE ISLAND ROAD

Suite, Apt. #, etc.

3. Mailing Office Address

940 S. PINE ISLAND ROAD

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FLORIDA

City & State

FORT LAUDERDALE, FLORIDA

Zip

33324

Country

US

Zip

33324

Country

US

7. Name and Address of Current Registered Agent

Name

RICHARD CLYDE HARDIMAN

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

950 S. PINE ISLAND ROAD

Suite, Apt. #, Etc.

City

FORT LAUDERDALE

State

FL

Zip Code

33324

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

Rich Clyde Hardiman

Date 03/10/2009

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
CEO	RICHARD CLYDE HARDIMAN	950 S. PINE ISLAND ROAD	FORT LAUDERDALE, FL 33324

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:

Rich Clyde Hardiman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/10/2009

Date

Daytime Phone #

FILED

09 MAR 10 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

400145389914
03/10/09--01009--026 **750.00

CR2E081 (12/07)

05-09

4. Date Incorporated or Qualified
To Do Business in Florida

02/12/2004

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ The 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.