

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000099906

1. Entity Name
RGDR DESIGNS INC.



FILED

05 OCT 19 PM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 2005
10132005 REIN-P CP2E098 (6/04)

Principal Place of Business
2140 CYPRESS LAKES DR.
GRANT, FL 32949

Mailing Address
2140 CYPRESS LAKES DR.
GRANT, FL 32949

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

81-0650167

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROW, ROD G
2140 CYPRESS LAKES DR.
GRANT, FL 32949

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Rod Row

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

10/15/05

Date

FILE NOW!! FEE IS \$150.00

After January 1, 2006, Fee will be \$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 PT
NAME ROW, ROD G
STREET ADDRESS 2140 CYPRESS LAKES DR.
CITY-ST-ZIP GRANT, FL 32949 ☐ Delete

TITLE VS
NAME ROW, DONNA M
STREET ADDRESS 2140 CYPRESS LAKES DR.
CITY-ST-ZIP GRANT, FL 32949 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME 800060778932 ☐ Change ☐ Addition
STREET ADDRESS 10/19/05--01056--004 **150.00
CITY-ST-ZIP

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

TITLE
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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 exemption stated in Section 119.07(3)(i), 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 all other like empowered.

SIGNATURE:

Rod Row

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/05

Date

561-445-0429

Daytime Phone #