

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 NOV 29 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO 4000106528

1. Corporation Name

RTD Services, Corp.

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

431 NW 40th street

Suite, Apt. #, etc.

City & State

Pompano Beach FL

Zip

33064

Country

USA

3. Mailing Office Address

431 NW 40th street

Suite, Apt. #, etc.

City & State

Pompano Beach FL

Zip

33064

Country

USA

CR2E081 (1/07)

**4. Date Incorporated or Qualified
To Do Business in Florida**

7/19/2004

5. FEI Number

201385484

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

Joao Moura

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

431 NW 40th street

Suite, Apt. #, Etc.

City

Pompano Beach

State

FL

Zip Code

33064

☐ 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.

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

Rene Silva

REGISTERED AGENT MUST SIGN

Date 11/26/2007

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
Pres	Joao Moura	431 NW 40 th street	Pompano Beach FL 33064
ViceP	Rene Silva	431 NW 40 th street	Pompano Beach FL 33064
Direct	Robisnei Amorim	1234 SE 7 th Court	Deerfield Beach FL 33441

REINSTATEMENT
2007

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11/29/07--01013--009 **750.00

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:

Rene Silva

Joao Moura

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/26/2007 054-805-4631

Date

Daytime Phone #