

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P07000112673**

1. Corporation Name

LRD Unlimited, Inc.

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

651 Juneberry Court
Suite, Apt. #, etc.

3. Mailing Office Address

651 Juneberry Court
Suite, Apt. #, etc.

City & State

Boca Raton, Florida

City & State

Boca Raton, Florida

Zip

33486

Country

US

Zip

33486

Country

US

7. Name and Address of Current Registered Agent

Name

Jeff Dahmer

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

651 Juneberry Court

Suite, Apt. #, Etc

City

Boca Raton

State

FL

Zip Code

33486

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

REGISTERED AGENT MUST SIGN

Date

8/31/10

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
P	Jeff Dahmer	651 Juneberry Court	Boca Raton, FL 33486

10. E-mail Address: **JT.Dahmer@bellsouth.net**

(To be used for future annual report notification)

11. 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. I further certify, 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:

Jeff Dahmer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**8/31/10
350-5800**

Daytime Phone #

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 SEP 28 PM 1:29

KS

000185123920
09/28/10--01032--002 **608.75

000185123920
09/07/10--01060--002 **300.00

REINSTATEMENT 09-10

4. Date Incorporated or Qualified
To Do Business in Florida

10/10/2007

5. FEI Number

264432625

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

PROFIT CORPORATIONS ONLY

The \$600.00 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.