PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2020 AUG 12 PM 4:04

DOCUMENT # P08000057532

1. Corporation Name
Relationship Development, Inc

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2802 Aloma Ave	2802 Aloma Ave
Suite, Apt. #, etc Suite 102	Suite, Apt #, etc. Suite 102
City & State Winter Park, FL 32792	City & State Winter Park FL 32792
Zip / Country 32792 / US	Zip / Country 32792 / US

4. Date Incorporated or Qualified To Do Business in Florida: 6/12/2008

5. FEI Number: 26-2892069 ☐ 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: Susan E Sheppard

Street Address (P.O. Box Number is Not Acceptable): 2802 Aloma Ave

Suite, Apt. #, Etc: Suite 102

City: Winter Park | State: FL | Zip Code: 32792

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2009-230

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: Susan E Sheppard (REGISTERED AGENT MUST SIGN) Date: 6/20/2020

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	Susan E Sheppard	2802 Aloma Ave Suite 102	Winter Park, FL 32792
			AUG 08 2020
			I ALBRITTON

10. E-mail Address: relationdevelop@gmail.com
(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE: Susan E Sheppard — Susan E Sheppard — 6/20/20 — 407-415-0206
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #