

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2016 MAR -1 PM 12:21

DOCUMENT # **P 93 0000 30284**

1. Corporation Name

**RANDALL BYRD ENTERPRISES, Inc.**

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

**2325 Jason Street**

Suite, Apt. #, etc.

City & State

**Merritt Island, FL**

Zip

**32952**

Country

**USA**

3. Mailing Office Address

**2325 Jason Street**

Suite, Apt. #, etc.

City & State

**Merritt Island, FL**

Zip

**32952**

Country

**USA**

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

**1993**

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$0.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

**RANDALL BYRD**

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

**2325 Jason Street**

Suite, Apt. #, Etc.

City

**Merritt Island**

State

**FL**

Zip Code

**32952**

**800262806518**  
03/01/16--01008--025 \*\*1050.00

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

**Randall Byrd**

REGISTERED AGENT MUST SIGN

Date **02/22/2016**

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	Randall Byrd	2325 Jason Street	Merritt Island FL
	<b>REINSTATEMENT</b>		<b>32952</b>
	<b>2014-2016</b>		

10. E-mail Address:

(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:

**Randall Byrd, RANDALL BYRD**

**02/22/2016**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #