PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

(1)

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

97 98 AR

FILED
98 AUG 20 PM 3:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000046091

1. Corporation Name
RESIDENTIAL ARCHITECHTURAL DESIGN & DRAFTING INC.

Principal Place of Business	Mailing Address
1308 VERMONT AVE. TARPON SPRINGS, FL. 34689	SAME

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 7-2-93

5. FEI Number: 59-3206028 ☐ Applied For ☐ Not Applicable

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES.	FRANTZ PAULTRE	1308 VERMONT AVE.	TARPON SPRINGS, FL 34689
SEC.	"	"	"
V.P.	"	"	900002625719--7 -08/26/98-01077--017 ****323.75 ****323.75
TRES.	"	"	"
DIR.	"	"	"
SHARE HOLDER	"	"	"

8. Name and Address of Current Registered Agent

FRANTZ PAULTRE

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable): 1308 Vermont Avenue

Suite, Apt. #, Etc.

City: Tarpon Springs State: FL Zip Code: 34689

per Frantz Paultre

CR2E040 (1/98)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN Date: 8-17-98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. 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 under section 119.07(3)(i), 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: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-17-98 Date (813)944-3378 Daytime Phone #

(2)

RADD
Residential Architectural Design and Drafting
1308 Vermont Ave. ~ Tarpon Springs, Fl. 34689
Phone (727) 944-3378 ~ Fax (727) 942-4015

August 17, 1998

To whom it may concern

I came to find out that my company was dissolved in 1997 without my knowledge. I never received a form or renewal application. It seems as though your department didn't have my correct address. The address that you had on file for me was (3) addresses old. I dont know how this happen, but the address on this letter head is correct. If you have any other questions please feel free to call.

Sincerely,

Frantz Paultre

Fax to:
(727) 942-4015

HBA 43590