

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

00 JUN -8 PM 12:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **795000030397**

1. Corporation Name

**R&D DELIGHTS, INC**

2. Principal Office Address

**18534 NW 67th AVE**

Suite, Apt. #, etc.

City & State

**MIAMI, FL 33015**

Zip

Country

**33015**

**USA**

3. Mailing Office Address

**PO BOX 170665**

Suite, Apt. #, etc.

City & State

**MIAMI, FL**

Zip

Country

**33017**

**USA**

06-25-99 90008 027 \$150.00

**REINSTATEMENT 99-00**

4. Date Incorporated or Qualified  
To Do Business in Florida

**4/19/95**

5. FEI Number

**05-0581874**

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

**David Clanton**

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

**6133 NW 181 Ter Cir So.**

Suite, Apt. #, Etc.

City

**MIAMI**

State  
**FL**

Zip Code

**33015**

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

**6/5/00**

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	David Clanton	6133 NW 181 Ter Cir So MIAMI	MIAMI, FL 33015
SEC	Rhonda Clanton	6133 NW 181 Ter Cir So	MIAMI, FL 33015

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 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]* Rhonda Clanton  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**6/5/00**

Daytime Phone #

**305-558-7050**