

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM AND FILED

APPLICANT'S
991AR
REINSTATEMENT



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

98 FEB 24 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000042793

1. Corporation Name
RMD MANAGEMENT CORP.

Principal Place of Business
1800 CORPORATE BLVD. NW. S#301
BOCA RATON FL 33431

Mailing Address
1800 CORPORATE BLVD. NW. S#301
BOCA RATON FL 33431



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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/26/1995	
City & State		City & State		5. FEI Number	
Zip		Country		#150720375	
				APPLIED FOR	
				Applied For	
				Not Applicable	
				<input type="checkbox"/> \$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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	DANIELS, MILES	1900 CORPORATE BLVD. NW, S#301	BOCA RATON FL 33431
			000002441820--4 -02/26/98--01087--011 ****150.00 ****150.00
			000002441820--4 -02/26/98--01087--012 ****165.00 ****165.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
DANIELS, MILES 1900 CORPORATE BLVD. NW, S#301 BOCA RATON FL 33431		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL
			Zip Code

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 _____ REGISTERED AGENT MUST SIGN _____ Date DEC 15, 97

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] M. DANIELS Date DEC 15, 97 Paying Phone P-954-462-2586 / 499-5699

CR20040 (8/97)

PLEASE NOTE:

DEC 20.97.

AS INSTRUCTED ON THE PHONE TO YOUR OFFICE:

I AM PERMITTING THE NOTICE OF
DISSOLUTION REPORT WITH FEE OF ~~\$~~ 165.00.
WE UNDERSTAND YOUR FEE STRUCTURE BUT
STATE AGAIN TO YOU, WE DID NOT RECEIVE
THE ANNUAL REPORT FORM. WE DID RECEIVE
THE DISSOLUTION NOTICES - (MULTIPLE)

I UNDERSTAND THIS POSITION FROM YOUR
OFFICE WILL BE A ONE-TIME MAKING OF
FEE, & THAT IT IS OUR OBLIGATION TO
COMPLY WITH A TIMELY RESPONSE (PAY OF
EACH YEAR)

M. DANIELS
PRESIDENT.

