PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOC	UMENT	#P96000049945	(4)
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1. Corporation Name

R & D DELIGHTS III, INC.

FORM	10
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

2. Principal Office P.O. MIAMI Suite, Apt. #, etc.	BOX 170665 , FL 33017	3. Mailing Office P.O. B MIAMI, Suite, Apt. #, etc		07-01-9A 900	07 025
City & State		City & State		4. Date Incorporated or Qualified To Do Business in Florida 6 / 1	1/1996
Only a State		City & State		5. FEI Number 65~0672240	Applied For Not Applicable
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED S	
		-			

7. Name and Address of C	Current Registered Agent
Name	
CLANTON, RHONDA	·
Street Address (P.O. Box Number is Not Acceptable)	600003263186
6133 NW 181 TER CIR S	-05/25/00 010/3 -251
Suite, Apt. #, Etc.	****558.75 *****558.7
City	State Zip Code
MTAMT '	FL 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 617.05	03, F	S.
٠.	i, being appointed the raysteed agent of the above names coporation, an familiar with and accept the obligations of section 607.0505 of 617.05	,	JJ, F

Signature of Registered Agent

REGISTERED AGENT MUST SIGI

Date 4/28/50

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	
P	CLANTON, DAVID	6133 NW 181 TER CIR S	MIAMI, FL 33015	
SVP	CLANTON, RHONDA	6133 NW 181 TER CIR S	MIAMI, FL 33015	
1				

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 filling 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 quality 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR RHUNDA CLANTON

4/28/00

(305 558-7050

Daytime Phone #

CR2E081 (9/99)

Attachment 75 Zal Z
The Law Offices of 9600049945 P5 Zal Z

John F. Jankowski, Jr., Esq. Professional Association

Cornerstone One - Suite 220 1200 South Pine Island Road Plantation, FL 33324-4406 (954) 370-1026 (954) 370-1036 telefax: 370-5930

April 28, 2000

Department of State Division of Corporations 409 East Gaines Street Tallahassee, Florida-32399 Attn: Michelle Milligan

RE: R & D Delights III, Inc.

Dear Ms. Michelle:

Pursuant to our telephone conversation, please find enclosed the Corporation Reinstatement Form fully executed by my client. This letter also serves to inform you that my client never received the rejection letter for 1999 and was unaware of the additional monies owed, and we are hereby requesting that the penalty be waived. Please find enclosed a check in the amount of \$558.75 which represents the balance for 1999 \$400.00, the 2000 recording fee of \$150.00 and the fee for Certificate of Good Standing of \$8.75.

Also enclosed please find a return Airborne Slip to overnight the Certificate of Good Standing and any other pertinent documentation. Thank you for your assistance and cooperation on this matter and please be so kind to telephone me at the above number upon receipt of this package to confirm its delivery to you and the processing of the necessary documentation.

In addition, please send us additional blank Reinstatement Forms and blank Annual Reports Forms.

Should you have any questions or if we can be of further assistance, please contact the undersigned.

Very truly yours

John F. Jankowski, Jr.

JFJ/lr

Enclosures

cc: R&D Delights