PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
98 MAR -8 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000083030

1. Corporation Name
R. V. Howard & Assoc. INC.
W98-29028

Principal Place of Business / Mailing Address
8487 South US 1
Port St. Lucie Fl 34952

97-98

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
8487 South US 1	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port St. Lucie Fl	City & State
Zip: 34952 Country: St. Lucie	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 10/4/96

5. FEI Number: 65-070 8639 (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	Rudolph V Howard	8487 South US 1	Port St. Lucie Fl 34952

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***1050.00 ***1050.00

REINSTATEMENT 97-99 B 3/11/99

8. Name and Address of Current Registered Agent

Ronald Cason Esq
McKinnon & Cason L.L.P.
415 Ave A. STE 206
Fort Pierce Fl 34950

9. Name and Address of New Registered Agent

Name: Rudolph V Howard
Street Address (P.O. Box Number is Not Acceptable): 8487 South US 1
Suite, Apt. #, Etc.
City: Port St. Lucie | State: FL | Zip Code: 34952

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: Rudolph V Howard — REGISTERED AGENT MUST SIGN — Date

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: Rudolph V Howard — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/18/98 — Date

561-343-9879 — Daytime Phone #

CR2E080 (1-96)