

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION
REINSTATEMENT



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

02 JUL 11 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000091848

1. Corporation Name

R. S. D. ASSOCIATES, INC

2. Principal Office Address

1 LINTON BLVD.

3. Mailing Office Address

1 LINTON BLVD

Suite, Apt. #, etc.

7

Suite, Apt. #, etc.

7

City & State

DELRAY BEACH, FL.

City & State

DELRAY BEACH, FL.

Zip

33444

Country

USA

Zip

33444

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/08/1996

5. FEI Number

65-6717312

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

STACIE DABLE

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

1 LINTON BLVD

Suite, Apt. #, Etc.

City

DELRAY BEACH

State
FL

Zip Code

33444

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

Stacie Dable

REGISTERED AGENT MUST SIGN

Date

7/9/02

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
P	STACIE DABLE	1 LINTON BLVD STE 7	DELRAY BEACH, FL 33444
VP	RON DABLE	1 LINTON BLVD STE 7	DELRAY BEACH FL 33444

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:

Stacie Dable

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/9/02 561-278-3385

Daytime Phone #

CR2E081 (9/01)

7/11/02