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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS		DO NOT WRITE IN THIS SPACE FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 OCT 18 PM 12:07	
Read Instructions on Other Side Before Making Entry Make Check Payable To: Department of State					
1. Name and Mailing Address of Corporation: DOCUMENT #p96000104458 R.D. MANAGEMENT, CORP. 4261 GRIFFIN ROAD HOLLYWOOD, FLORIDA				2. If Address in Block 1 is incorrect in any way, enter the correct address below: Address 2401 S. Ocean Drive, #1005 City and State Hollywood, FL 33019 Zip Code	
4. Date Incorporated or Qualified To Do Business in Florida 12/31/96				5. FEI Number 65-0715467	
6. \$8.75 Additional Fee required for a Certificate of Status CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				3. If Principle Office Address is different from mailing address, enter address below: Address REINSTATEMENT Zip Code	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
1	2	3	4		
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
PT	JOHN RADNAY RADNAY	2401 S. OCEANDRIVE SUITE #1005	HOLLYWOOD, FL 33019		
V	Richard Radney	2401 S. OCEANDRIVE SUITE #1005	HOLLYWOOD, FL 33019		
S	Susanna Radney	2401 S. OCEANDRIVE SUITE #1005	HOLLYWOOD, FL 33019		
T	Jennifer Radney	2401 S. OCEANDRIVE SUITE #1005	HOLLYWOOD, FL 33019		
				7000003023037--2 -10/22/99--01118--011 ***758/75 ***758/75 10/10/21	
REGISTERED AGENT INFORMATION			9. If changed, new registered agent / office		
8. Name and Address of Current Registered Agent John Radney Radnay 2401 S. Ocean Drive # 1005 Hollywood, FL 33019			Name Street Address (Do NOT Use P.O. Box Number) Street Address (Do NOT Use P.O. Box Number) City State FL. Zip		
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 Date 10/14/99 <div style="text-align: center; margin-top: 10px;"> REGISTERED AGENT MUST SIGN </div>					
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box <input type="checkbox"/> (See other side for additional information.)					
12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)					
13. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director Date 10/14/99 Daytime Phone # (305) 932 2415 Typed or printed name of signing officer or director					

CR20040 (8/92)