

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JUL 26 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDADOCUMENT # PA7000003720

1. Corporation Name

RH Bond & Company, Inc.

2. Principal Office Address

13902 N. Dale Mabry Hwy.

3. Mailing Office Address

13902 N. Dale Mabry Hwy.

Suite, Apt. #, etc.
205Suite, Apt. #, etc.
205

City & State

Tampa, Florida

City & State

Tampa, Florida

Zip

33618

Country

USA

Zip

33618

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/08/97

5. FEI Number

65-0738098

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$5.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Robert Harris Bond

100004534341-4

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

13902 N. Dale Mabry Hwy.

-08/14/01-01070-013

****300.00 ****00.00

Suite, Apt. #, Etc.
205

City

Tampa

State

FL

Zip Code

33618

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.

Signature of
Registered Agent

Robert H. Bond

Date 07/24/01

REGISTERED AGENT MUST SIGN

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
Pres.	Robert H. Bond	4306 Middle Lake Drive	Tampa, Florida 33624

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:

Robert H. Bond 07/24/01 (813) 968-4422

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #