PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM	PLEASE READ ALL	<b>INSTRUCTIONS</b>	BEFORE COMPLETING	THIS FORM
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## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED

**DOCUMENT #** P97000012281

1. Corporation Name

SIGNATURE:

RDV, INC.

99 DEC 30 PM 12: 54

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Place of Business

2771-25 Monument Rd. Suite 313

Mailing Address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4845 Belle Terre Pkwy Suite C-13

•				10				
If above addresses are incorrect in any way, line t	hrough incorrect i	information and enter	correction below.	1				
New Principal Office Address, If Applicable     3. New Mail		iling Office Address, If Applicable		Date Incorporated or Qualified     To Do Business in Florida 2/06/97				
Suite, Apt. #, etc.	Suite, Apt. #	pt. #, etc.		5. FEI Number Applied For				
City & State	City & State	tate		59-3437110Not Applicable			 ∍	
· Zip Country	Zip	Countr	у	6. CERTIFICATE	OF STATUS DESIRE		Additional Fee require Certificate of Status	
7. Names and Street Addresses of Each Officer an	d/or Director (Flo	orida nonprofit corpora	ations must list at le	ast 3 directors)				╗
Title(s) Name of Officers and/or Directors		Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)		r	City / State / Zip			
DPTS MARIA A. POLLOCK	ζ	130 D.1	Coust Pl	<del></del>	Palm C	oast,	FL 32137	•
		4845B				, <del></del>		
<del></del>		PKNY:	swife c	1			<u> </u>	_
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							****150.00	
	,			<del></del> -		· · · · · · · · · · · · · · · · · · ·		
8. Name and Address of Current Registered Agent			T	g Name and A	ddress of New Re	nistered Ag		_
o. Home and Address of Guitant Hegissolid Agent		Name					_	
MARIA A. POLLOCK 138 Palm Coast Pkwy #313 Palm Coast, FL 32137		Street Address (P.O. Box Number is Not Acceptable)						
			Suite, Apt. #, Etc.				£-	_
			City				Zip Code	_
			, <u>, , , , , , , , , , , , , , , , , , </u>	777	007.0505.5.0	FL		_
10. I, being appointed the registered agent of the al	bove named corp	oration, am familiar wi	ith and accept the o	ibligations of Section	on 607.0505, F.S.			
Signature of Registered Agent	REGISTERED AG	SENT MUST SIGN			Date			-
							<del></del>	_
11. This corporation owes the htangible Personal Prope			Yes	X kon	(Se	e other side f on intangit	or information ble tax.)	
12. I certify that I am an officer or director or the rec this reinstatement application, the reason for dis owed by the corporation have been paid and thi on this application is true and accurate, and my	solution has been e names of individ	n eliminated, the corpo duals listed on this for	orate name satisfies m do not qualify for	the requirements an exemption und	of section 607,040	1 or 617 040°	I, F.S., that all tees	į į t

Maria A. Pollock 12/20/99



## RDV, INC. 2771-25 Monument, Road Suite 313 Jacksonville, FL 32225

December 19: 1999

DEPARTMENT OF STATE
Division of Corporations:
P.O. Box 6327
Tallahassee FL 32314

This letter is in reference to our administrative dissolution on September 247 1999

I was informed by our tax accountant that we were administrative; ly dissolved. That was the first time we were aware of the fact and certainly upset us. We never received the corporation annual report form. When we checked with Mail Box Etc., whom we used to receive our mail, we learned that they had a huge backlog of our correspondence that they somehow misplaced. There were however, other misplaced documents including this year s business license and presumably the corporation annual report form (s)

Two alleggeness is the state memory and discreased which them is difficulty and they said that I should write a letter explaining what happened and send along \$150.00. This I have done

I.ve changed our mailing address to ensure that the same problem, will not occur again this year,

Thank you for your assistance in this matter

Ğratefully

Maria A. Pollock

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President