

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC 12 PM 2:34

DOCUMENT # P97000031000

1. Corporation Name

R & D CONSULTING ASSOCIATES, INC.

2. Principal Office Address

1166 IVA STREET

Suite, Apt. #, etc.

City & State

CLEARWATER, FLORIDA

Zip

33755

Country

USA

3. Mailing Office Address

P.O. BOX 11

Suite, Apt. #, etc.

City & State

LARGO, FLORIDA

Zip

33770

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

04/07/97

5. FEI Number

59-3437779

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 98-01

7. Name and Address of Current Registered Agent

Name

Richard D. Green

900004736159--8

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

1010 Drew Street

12/24/01--01002--006

***1200.00 ***1200.00

Suite, Apt. #, Etc.

City

Clearwater

State

FL

Zip Code

33755

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**

Richard D. Green

REGISTERED AGENT MUST SIGN

Date

12/19/2001

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/O	David E. Dabole	1166 Iva Street Clearwater, FL 33755	Clearwater FL 33755

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-8-01

Date

813 478 9432

Daytime Phone #

CR2001 (\$9.00)