

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

99 OCT 14 PM 5:35

DOCUMENT # P97000035906

1. Corporation Name

R&D MOTORCOACHES, INC.

Principal Place of Business

Mailing Address

874 BRIGHTWATER CIR.
MAITLAND FL 32751

874 BRIGHTWATER CIR.
MAITLAND FL 32751



REINSTATEMENT 99

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

04/20/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3440816

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
D	SENDEROWITZ, ROBIN A	874 BRIGHTWATER CIR.	MAITLAND FL 32751
D	ASBELL, JOAN M	103 PINEAPPLE LN.	ALTAMONTE SPRINGS FL 32714
D	WAGNER, DAVID	420 SUMMIT RIDGE PL. #100	LONGWOOD FL 32779

200003020182--4
10/21/99--01010--020
****758.75 ****758.75

10/13/99

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SENDEROWITZ, ROBIN A
874 BRIGHTWATER CIR.
MAITLAND FL 32751

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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: Robin Senderowitz

Date 10/13/99

REGISTERED AGENT MUST SIGN

11. 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: Robin Senderowitz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/99
Date

407-599-0119
Daytime Phone #