

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000101594

1. Corporation Name

R.F.C.D., INC.

Principal Place of Business

Mailing Address

~~7005 TAMiami TRAIL SOUTH~~
SARASOTA FL 34231

~~7005 TAMiami TRAIL SOUTH~~
SARASOTA FL 34231

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

2. New Principal Office Address, If Applicable

2020 Rose St, Ste B 34239

3. New Mailing Office Address, If Applicable

2020 Rose St, Ste B 34239

Suite, Apt. #, etc.

Suite B

Suite, Apt. #, etc.

Suite B

City & State

Sarasota FL

City & State

Sarasota Florida

Zip

34239

Country

Zip

34239

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/26/1997

5. FEI Number

65-0797597

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	DODDS, CAROLYN	7005 TAMiami TRAIL SOUTH 2020 Rose St.	SARASOTA FL 34231 34239
D	FORD, ROBERT	7005 TAMiami TRAIL SOUTH 2020 Rose St.	SARASOTA FL 34231 34239

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name

Robert Ford ms

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

2020 Rose Street

Suite, Apt. #, Etc.

Suite B

City

SARASOTA

State

FL

Zip Code

34239

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

12/4/02

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/29/02

Daytime Phone #

CR2E040 (8/02)