

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # P98000006005

1. Corporation Name

RIESDORPH REPORTING GROUP, INC.

03 OCT 13 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

201 E. KENNEDY BLVD., STE.712
TAMPA FL 33602
US

Mailing Address

201 E. KENNEDY BLVD., STE. 712
TAMPA FL 33602
US



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 01/20/1998
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 59-3494073
City & State	City & State	Applied For <input checked="" type="checkbox"/> Not Applicable
Zip	Zip	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PSTD	RIESDORPH, SUSAN	11407 LOUVRE PLACE	TEMPLE TERRACE FL 33617

1000023723507
10/13/03--01008--028 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RIESDORPH, SUSAN
11407 LOUVRE PLACE
TEMPLE TERRACE FL 33617

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. or 617.0505, F.S.

Signature of
Registered Agent

Susan C. Riesdorph

REGISTERED AGENT MUST SIGN

Date **10-8-03**

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.

Susan C. Riesdorph

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #