

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



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

FILED

02 JUN -5 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

UBR
00-07

DOCUMENT # P98000072811

1. Corporation Name

RDS OF BOYNTON, INC.

W02 - 10420

2. Principal Office Address

7431 WEST ATLANTIC AVE

3. Mailing Office Address

7431 WEST ATLANTIC AVE

Suite, Apt. #, etc.

41

Suite, Apt. #, etc.

41

City & State

DELRAY BEACH, FLORIDA

City & State

DELRAY BEACH, FLORIDA

Zip

33446

Country

USA

Zip

33446

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-085-8982

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

~~W02~~ ELI LEVY

200005906772--6

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

7779 DOUBLETON DRIVE

200005906772--6

Suite, Apt. #, Etc.

DELRAY BEACH, FLORIDA

City

State

FL

Zip Code

33446

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

Eli Levy

Date

5/30/02

REGISTERED AGENT MUST SIGN

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
PRES.	DONNA LEVY	7779 DOUBLETON DRIVE	DELRAY BEACH, FL 33446
V.P.	BETTY JANE LEVY	8329 BERMUDA SOUND WAY	BOYNTON BEACH, FL 33436
		351.25 - AR	
		10.00 - AR ARIS	
		88.75 - AR SUPP	
		8.75 - Cert	

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

Date

Daytime Phone #

Donna Levy

3/20/02 (561) 496-1339

2012

March 26, 2002

RDS of Boynton, Inc.
7431 West Atlantic Ave.
Delray Beach, Fl. 33446

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Dear Sir:

Please be advised that we never received notice To pay our Corporation yearly fee.

Please find enclosed our application for reinstatement of our Corporation.

Enclosed is our check for \$450.00 and a check for \$8.75 for a Certificate of Status.

Thank you for your cooperation to this matter.

We would appreciate receiving Certificate of Status as quickly as possible.

Very Truly yours
Donna Lewis