

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 DEC 10 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P99000024192*

1. Corporation Name

REVERDE, INC.

2. Principal Office Address

38 CORDOVA ST

Suite, Apt. #, etc.

City & State

ST. AUGUSTINE, FL

Zip

32084

Country

USA

3. Mailing Office Address

38 CORDOVA ST.

Suite, Apt. #, etc.

City & State

ST. AUGUSTINE, FL

Zip

32084

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

MARCH 11, 1999

5. FEI Number

58-3563517

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

RICHARD WALKER CPA

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

100 WALKER WAY

Suite, Apt. #, Etc.

City

ST. AUGUSTINE

State
FL

Zip Code

32086

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 L. Walker

Date

12/8/04

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
<i>P</i>	<i>LUCILLE K. KALIETA</i>	<i>38 CORDOVA ST.</i>	<i>ST. AUGUSTINE, FL 32084</i>
<i>C</i>	<i>DANIEL A. KALIETA</i>	<i>38 CORDOVA ST.</i>	<i>ST. AUGUSTINE, FL 32084</i>

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12/10/04--01033--007 **1350.00

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)(f), 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:

Daniel A. Kalieta DANIEL A. KALIETA

Date

12/8/04

Daytime Phone #

804-825-5429

CR2E081 (01/04)