

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS.

DOCUMENT # **P99 006064278**

1. Corporation Name

RD Progression, Inc ORPORATED

04 MAY 21 PH (2:40)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address

12943 HELM DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

12943 HELM DRIVE

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32258

Country

DUVAL

Zip

32258

Country

DUVAL

7. Name and Address of Current Registered Agent

Name

ROGER DAHLKE

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

19243 HELM DRIVE

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32258

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

Roger E. Dahlke

Date **5/19/2004**

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
PRESIDENT	ROGER DAHLKE	12943 HELM DRIVE	JACKSONVILLE, FL 32258

John S. Dahlke

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:

Roger S. Dahlke

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/19/2004

904.307.3203

Date

Daytime Phone #

CR2ED081 (01/04)