

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAY 21 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PA9 006064278**

1. Corporation Name

RD Progression, INCORPORATED

2. Principal Office Address

12943 HELM DRIVE

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32258

Country

FLORIDA

3. Mailing Office Address

12943 HELM DRIVE

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32258

Country

FLORIDA

800037432698
05/28/04--01049--024 **900.00
REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

JULY-20, 1999

5. FEI Number

59 3595431

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

ROGER DAHLKE

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

12943 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

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 E. Dahlke

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/19/2004

Date

904.307.3203

Daytime Phone #

CR2E081 (01/04)