

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *P99000075916*

1. Corporation Name

R.A.D. INDUSTRIES, INC.

2. Principal Office Address - No P.O. Box #

16783 SW 36 STREET

Suite, Apt. #, etc.

3. Mailing Office Address

16783 SW 36 STREET

Suite, Apt. #, etc.

City & State

MIRAMAR, FLORIDA

City & State

MIRAMAR, FLORIDA

Zip

33027

Country

USA

Zip

33027

Country

USA

7. Name and Address of Current Registered Agent

Name

CARENE ROBINSON

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

16783 SW 36 STREET

Suite, Apt. #, Etc.

City

MIRAMAR

State

FL

Zip Code

33027

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

REGISTERED AGENT MUST SIGN

Date *4/10/2010*

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 | CARENE ROBINSON | 16783 SW 36 STREET | MIRAMAR FLORIDA 33027 |
| VICE PRESIDENT | ROBERT ROBINSON | 16783 SW 36 STREET | MIRAMAR FLORIDA 33027 |
| | | | |
| | | | |
| | | | |
| | | | |

10. E-mail Address: **cmr 130@hotmail.com**

(To be used for future annual report notification)

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. I further certify, 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

4/5/2010
Date

754 422 5161
Daytime Phone #

754 422 5161

FILED

10 APR 20 PM 12: 07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT *08-10*

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

AUGUST 25 1999

5. FEI Number

650 964 910

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$0.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.