

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000081322

1. Corporation Name

R&D CONSTRUCTION SERVICES, INC.

2. Principal Office Address

437 NW Canterbury Ct

Suite, Apt. #, etc.

3. Mailing Office Address

437 NW Canterbury Ct

Suite, Apt. #, etc.

City & State

PORT ST LUCIE

Zip

34983

Country

USA

City & State

PORT ST LUCIE

Zip

34983

Country

USA

FILED

06 MAR 20 11:32

800069051888
03/30/06--01043--011 **300.00

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

09/07/1999

5. FEI Number

65-0951707

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

ROMILTON DORNELES

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

437 NW Canterbury Ct

Suite, Apt. #, Etc.

City

PORT ST LUCIE

State

FL

Zip Code

34983

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 02/14/2006

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
PD	ROMILTON DORNELES	437 NW Canterbury Ct	PORT ST LUCIE FL 34983 US

3/23/06
REINSTATEMENT

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 contained in Chapter 119, 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/14/2006

Date

(954) 232-6416

Daytime Phone #

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Port St. Lucie, FL March 15, 2006

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

I'm writing this letter to this honorable department because I did not receive the Annual Business Report 2005. Was not my intention to be default with the State of Florida, which I honor and respect.

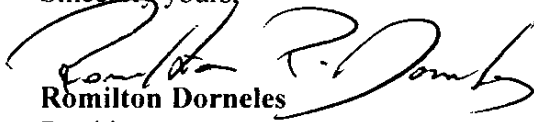
I'm on the disaster president declared area, which last year we're strike by four hurricanes and I still trying to recovery from it. However I come before this department asking please to waive the \$ 600, 00 penalty.

See attached check number 1259, amount of \$300.00 to pay the cost of 2005 and 2006 Annual Report.

Please find enclosed an amendment changing the corporation's name.

Thank you for your consideration and concern regarding this matter and if you have any question do not hesitate to contact me.

Sincerely yours,


Romilton Dorneles
President