

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 JAN -9 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700084090817
01/12/07--01001--029 **1050.00

DOCUMENT # P99000109078

1. Corporation Name

RH DAYTONA BEACH, INC.

2. Principal Office Address

444 Seabreeze Blvd.

Suite, Apt. #, etc.

Suite 900

City & State

Daytona Beach, FL

Zip

32118

Country

USA

3. Mailing Office Address

P.O. Box 15200

Suite, Apt. #, etc.

City & State

Daytona Beach, FL

Zip

32115

Country

USA

REINSTATEMENT

CR2E081 (12/05)

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/17/1999

5. FEI Number

59-3613622

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

Charles D. Hood, Jr.

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

444 Seabreeze Blvd.

Suite, Apt. #, Etc.

Suite 900

City

Daytona Beach

State

FL

Zip Code

32118

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 1/3/07

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	Charles D. Hood, Jr.	444 Seabreeze Blvd., Suite 900	Daytona Beach, FL 32118
SD	Bruce Rossmeyer	1637 N. US #1	Ormond Beach, FL 32174
D	Angelo Buquiccio	1825 Business Park Drive	Daytona Beach, FL 32114
D	Barbara McGrath	275 Riverside Drive	Ormond Beach, FL 32176

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:

Charles D Hood, Jr., President 1/3/07 386-254-6875

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #