

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

AND
FILED

1999 AUG 27 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S20136 (5)

1. Corporation Name
RFS Development Corporation

Principal Place of Business Mailing Address

580 Manzanita Way Same
Woodside, CA 94062

REINSTATEMENT 98-99
AD

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 580 Manzanita Way Suite, Apt. #, etc.	3. New Mailing Office Address, If Applicable Same Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida 12/20/90
City & State Woodside, CA	City & State	5. FEI Number 65-0233261
Zip 94062	Country	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	Robert C. Speicher	580 Manzanita Way	Woodside, CA 94062
T, SVP	Susan M. Speicher	Same	Same

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****908.75 ****908.75

8. Name and Address of Current Registered Agent

Bryant, Brad D.
6400 Congress Ave.
Suite 2000
Boca Raton, FL 33487

9. Name and Address of New Registered Agent

Name
Jeff Deutch
Street Address (P.O. Box Number is Not Acceptable)
7777 Glades Road
Suite, Apt. #, Etc.
Suite 300
City
Boca Raton
State
FL
Zip Code
33434

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Jeff A. Deutch

REGISTERED AGENT MUST SIGN

Date 8-2-99

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/99 (650) 851-5586
Date Daytime Phone #

CR2001 (12/98)