		PLEASE READ	ALL INST	RUCTIONS	BEFORE	COMPLET	ING THIS FO	RM.	
	PLICAT FOR STATE	TION	FLORID	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			1		
DOCUMENT # V07860  1. Corporation Name  RELIABLE DEVELOPMENT CORPORATION, INC.						S9 APR 20 PH 1: 10			
									Principal Place of Business Mailing Address
14909 W C	OLONIAL DR ARDEN FL 34		PO BOX 770	PO BOX 770217 WINTER GARDEN FL 34777-0217			MINIMUM MINIMUM MEINSTATEMENT (S.G)		
		incorrect in any way, line the Address, If Applicable		ng Office Address If Applicable 4. Date		4. Date Incom	te Incorporated or Qualified		
Suite, Apt.	#, etc.		Suite, Apt. #,	Suite, Apt. #, etc.			ness in Florida	01/21/1992 Applied For	
City & State	9		City & State			6.	59-3113160	Not Applicable	
Zip Country			Zip	Country		1	E OF STATUS DESIRED	\$8.75 Additional Fee require for a Certificate of Status	
7. Names (	nes and Street Addresses of Each Officer and/or Director (F Name of Officers and/or Directors 2			orida nonprofit corporations must list at least 3 directors  Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Book Northers)			( 4	ty / State / Zip	
D	REINER, ROBERT J			14909 W COLONIAL DR			WINTER GARDEN FL		
D	REINER,	JACK M		14909 W COLONIAL DR			WINTER GARDEN FL		
D	BOYLE, WILLIAM G			14909 W COLONIAL DR			WINTER GARDEN FL		
D	D BOYLE, EDWARD P III			14909 W COLONIAL DR			WINTER GARDEN FL		
						- 기기 본	1047787	⊏,45,2——3 1901094—020 1,00 ****900.00	
8. Name and Address of Current Registered Agent Name						9 Name and	 Address of New Regist	cred Agent	
REINER, JACK M JR.					L	(P.O. Box Number	is Not Acceptable)		
14909 W COLONIAL DR WINTER GARDEN FL 34787				Suite, Apt. #, Etc					
					City			State   Zip Code	
10. I, being Signature o Registered	· · · · · · · · · · · · · · · · · · ·	ne registered agent of the ab	ino O	oration, am familiar w SENT MUST SIGN	ith and accept the	obligations of Secti		4-99	
11. Th	is corpo angible	oration owes or h Personal Proper	as paid th	e current ye June 30.	ar Yes 🄀	( No 🗆		er side for information intangible tax.)	
this rein owed by	statement ap	officer or director or the receptication, the reason for dissition have been paid and the true and accurate, and my s	solution has been names of individ	eliminated, the corp- luals listed on this for	orate name satisfie rm do not qualify fo	s the requirements r an exemption uni	of section 607.0401 or t		

SIGNATURE: JOHN A SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR