

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT OF EXISTING CORPORATION
AND/OR SECRETARY OF CORPORATION

FILED

97 JUL -3 PM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V19959

1. Corporation Name

RANDIUY, INC

Principal Place of Business

Mailing Address *SAME

4723 W. ATLANTIC AVE #18
DELMAR BEACH FL 33445

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

2. New Principal Office Address, If Applicable

4723 W. ATLANTIC AVE

Suite, Apt. #, etc.

18

City & State
DELMAR BEACH FL

Zip
33445

Country
US

3. New Mailing Office Address, If Applicable

4723 W. ATLANTIC AVE

Suite, Apt. #, etc.

18

City & State
DELMAR BEACH FL

Zip
33445

Country
USA

4. Date Incorporated or Qualified To Do Business in Florida

3/10/92

5. FEI Number

65-0332643

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<u>PLST</u>	<u>JOAN S. JACOBSON</u>	<u>2317 NW 66 DRIVE</u>	<u>BOCA RATON FL 33486</u>

~~300002234003--5~~
~~-07/09/97--01088--003~~
~~****373.75 ****373.75~~

8. Name and Address of Current Registered Agent

JOAN S. JACOBSON
2317 NW 66 DRIVE
BOCA RATON FL 33486

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Joan S. Jacobson

REGISTERED AGENT MUST SIGN

Date 7/7/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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:

Joan S. Jacobson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/97

Date

Daytime Phone #

561-4896099

CR2040 (12/96)

(2)

Division of Corp.
An State Officers:

7/7/87

Please be advised that we have not received any forms to file for continuation of The in 1996 Corporation and were unable to remit the correct fees required.

Enclosed is 200 filing fee for 1996 plus 165. for 1997 Total \$365.00 plus 8.75 for certificate of reinstatement - Total \$373.75

Thank you for your

assistance in this matter

Please MAIL Reinstatement cert to

4723 W. ATLANTIC AVE #18

DEER BEACH FL 33441-

Ms. Randolph Inc.

Sincerely

Steve Jacobs