

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **V47907**

1. Corporation Name

R.D. Jordan & Co., Inc.

Principal Place of Business

2508 Mystic Point Way  
Tampa, FL 33611

Mailing Address

P.O. Box 2475  
Tampa, FL 33602

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

2. New Principal Office Address, If Applicable

N/A

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

N/A

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT**

95-99

4. Date Incorporated or Qualified  
To Do Business in Florida

1992

5. FEI Number

59-3135652

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
Dr.	Margaret Williams	28 Heathcote Road	Elmont, NY
President & CEO	Rudolph D. Jordan	2508 Mystic Point Way	Tampa, FL

600003063816--1  
-12/08/99--01007--001  
\*\*\*1350.00 \*\*\*1350.00

8. Name and Address of Current Registered Agent

Rudolph D. Jordan

9. Name and Address of New Registered Agent

Name  
**Romerio Perkins**  
Street Address (P.O. Box Number is Not Acceptable)  
**2991 Fenwick Court East**  
Suite, Apt. #, Etc.  
City  
**Tallahassee** State  
**FL** Zip Code  
**32308**

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

REGISTERED AGENT MUST SIGN

Date **12/7/99**

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:

*Rudolph D. Jordan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**12/7/99 (813) 889 3321**

CR2001 (12/98)