

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

02 DEC -4 PM 4:23

DOCUMENT # **456001**

1. Corporation Name  
**RICHARD SEWING MACHINE CORP.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**REINSTATEMENT** *02*

Principal Place of Business Mailing Address  
**% RICARDO MIRANDA**  
**2302 N.W. 2ND AVE.**  
**MIAMI FL 33127**



**500009344765**  
12/04/02--01003--027 \*\*750.00

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

Date Incorporated or Qualified To Do Business in Florida	<b>07/24/1974</b>
5. FEI Number	<b>59-1547903</b>
Applied For	
Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
VS	GOMEZ, GERARDO, JR.	7160 SW 55 TERR.	MIAMI FL
P	MIRANDA, RICARDO	2303 NW 2ND AVE.	MIAMI FL
S	MIRANDA, ELSIE	2303 NW 2ND AVE.	MIAMI FL

8. Name and Address of Current Registered Agent

**TRAGER, ROSS**  
**1000 N HIATUS RD**  
**STE 110**  
**PEMBROKE PINES FL 33026**

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. or 617.0505, F.S.

Signature of Registered Agent *[Signature]* **SIGNATURE REQUIRED** Date *11/25/02*  
REGISTERED AGENT MUST SIGN

11. 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]* **SIGNATURE REQUIRED** Date *11/26/02* 305-573-6292  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2ED40 (8/02)