

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

1

FILED

99 OCT 25 AM 11: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000052186

1. Corporation Name

R.P. OF SOUTH FLORIDA, INC.

Principal Place of Business

Mailing Address

3004 NORTHEAST 5TH TERRACE
UNIT C115
WILTON MANORS FL 33334

3004 NORTHEAST 5TH TERRACE
UNIT C115
WILTON MANORS FL 33334



8/30/99 90003/011 \$1500.00

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/11/1998	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0842603	
Country		Country		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
PD	PERSHING, ROBERT A	3004 NORTHEAST 5TH TERRACE	WILTON MANORS FL 33334
ST	WARNER-MASTRANGELO, DEBORAH	3004 NORTHEAST 5TH TERRACE	WILTON MANORS FL 33334

LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name Spiegel & Utrera, P.A.		
Street Address (P.O. Box Number is Not Acceptable) 343 Almeria Avenue		
Suite, Apt. #, Etc.		
City Coral Gables	State FL	Zip Code 33134

CR2E040 (6/95)

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 By: *Natalia Utrera*
Natalia Utrera, REGISTERED AGENT
Date

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: *Robert A. Pershing*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 984-537-2059
Daytime Phone #

R. P. of South Florida Inc. ②
3004 N. E. 5th Ave #C115
Wilton Manors FL. 33334

To the Secretary of State

Please note I did not receive
a rejection letter from the Department
of State. Thank you in advance
for your help.

yours truly
Robert Lushington