

1082

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

02 AUG 29 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 636434

1. Corporation Name

RPS Enterprises, Inc.

2. Principal Office Address

30 Jericho Tpke.

Suite, Apt. #, etc.

Suite 349

City & State

Commack, NY

Zip

11725

Country

US

3. Mailing Office Address

c/o Harold W. Paul, LLC

Suite, Apt. #, etc.

City & State

Westport, CT

Zip

06880

Country

US

REINSTATEMENT

98-02

4. Date Incorporated or Qualified
To Do Business in Florida

September 18, 1979

5. FEI Number

591947988

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐\$5.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State
FLZip Code
32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 617.0503, F.S.

Signature of
Registered AgentBrian Courtney
Asst. V. Pres

REGISTERED AGENT MUST SIGN

Date 8/29/02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Ron Sorci	11241 Heron Bay Blvd. #3516	Coral Springs, FL 33076
V.P.	Paul Sorci	15882 Bailey Road	Pleasantville, PA 16341
			900007432389

CR25081 (8/01)

1

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 807 or 817, 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 807.0401 or 817.0401, 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)(f), 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: Ron Sorci, President

8/20/02

305-770-5466 X105

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

80

Attachment

20f2

636434



ACCOUNT NO. : 072100000032

REFERENCE : 715263 4310431

AUTHORIZATION :

Patricia Pizant

COST LIMIT : \$ 1,420.00

ORDER DATE : August 21, 2002

ORDER TIME : 12:44 PM

ORDER NO. : 715263-005

CUSTOMER NO: 4310431

CUSTOMER: Sue Lee, Legal Assistant
Harold Paul, Llc
1465 Post Road East

Westport, CT 06880

DOMESTIC FILINGS

NAME: RPS GROUP, INC.

FILE FIRST

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Ginger Simmons

EXAMINER'S INITIALS _____

DEPARTMENT OF STATE
DIVISION OF CORPORATE AFFAIRS
TALLAHASSEE, FLORIDA

02 AUG 29 PM 4:02

RECEIVED