

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
Jul 22, 2002 8:00 A.M.
Secretary of State

DOCUMENT # 412220

1. Corporation Name

RMA FAMILY, INC.

2. Principal Office Address

15500 WEST DIXIE HIGHWAY

Suite, Apt. #, etc.

City & State

NORTH MIAMI, FL

Zip

33162

Country

USA

3. Mailing Office Address

15500 WEST DIXIE HIGHWAY

Suite, Apt. #, etc.

City & State

NORTH MIAMI, FL

Zip

33162

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/06/72

5. FEI Number

591423219

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01-02

7. Name and Address of Current Registered Agent

Name

ALPERT, MILDRED

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

15500 WEST DIXIE HIGHWAY

Suite, Apt. #, Etc.

City

NORTH MIAMI

State
FL

Zip Code
33162

000006707110--0
-07/26/02--01051--005
*****908.75 *****908.75

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Mildred Alpert
REGISTERED AGENT MUST SIGN

Date

July 2/18/02

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PVD	ALPERT, MILDRED	15335 WEST DIXIE HIGHWAY	NORTH MIAMI, FL 33162
STD	ROGOFF, ROBIN	15335 WEST DIXIE HIGHWAY	NORTH MIAMI, FL 33162
D	ALVAREZ, BETH I	15335 WEST DIXIE HIGHWAY	NORTH MIAMI, FL 33162

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 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.

MILDRED ALPERT, PRESIDENT

SIGNATURE:

Mildred Alpert
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

July 305-682-1618

Daytime Phone #

CR2E081 (9/01)