

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY 14 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 412220

1. Corporation Name

RMA FAMILY, INC.

2. Principal Office Address
224 LEUCOTHOE LANE

Suite, Apt. #, etc.

City & State
ASHEVILLE, NC

Zip
28803

Country
US

3. Mailing Office Address
224 LEUCOTHOE LANE

Suite, Apt. #, etc.

City & State
ASHEVILLE, NC

Zip
28803

Country
US

4. Date Incorporated or Qualified
To Do Business in Florida 11/06/1972

5. FEI Number
59-1423219

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name
MILDRED ALPERT

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

4851 S.W. 38th Terrace

Suite, Apt. #, Etc.

City

Fort Lauderdale

State
FL

Zip Code
33312

500038430885

06/29/04--01074--004 **900.00

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

April 28, 2004

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	MILDRED ALPERT	224 LEUCOTHOE LANE	ASHEVILLE, NC 28803
STD	ROBIN ROGOFF	224 LEUCOTHOE LANE	ASHEVILLE, NC 28803
D	BETH I. ALVAREZ	224 LEUCOTHOE LANE	ASHEVILLE, NC 28803

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.

SIGNATURE:

Mildred Alpert MILDRED ALPERT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

April 28, 2004

CP2E081 (01/04)