

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 412220

Entity Name: RMA FAMILY, INC.

FILED  
Dec 15, 2005  
Secretary of State

## Current Principal Place of Business:

224 LEUCOTHOE LANE  
ASHEVILLE, NC 28803

## New Principal Place of Business:

4851 S.W. 38TH TERRACE  
FORT LAUDERDALE, FL 33312 US

## Current Mailing Address:

224 LEUCOTHOE LANE  
ASHEVILLE, NC 28803

## New Mailing Address:

4851 S.W. 38TH TERRACE  
FORT LAUDERDALE, FL 33312

FEI Number: 59-1423219

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ALPERT, MILDRED  
4851 S.W. 38TH TERRACE  
FORT LAUDERDALE, FL 33312 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MILDRED ALPERT

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PVD ( ) Delete  
Name: ALPERT, MILDRED  
Address: 224 LEUCOTHOE LANE  
City-St-Zip: ASHEVILLE, NC 28803

Title: STD ( ) Delete  
Name: ROGOFF, ROBIN  
Address: 224 LEUCOTHOE LANE  
City-St-Zip: ASHEVILLE, NC 28803

Title: D ( ) Delete  
Name: ALVAREZ, BETH I  
Address: 224 LEUCOTHOE LANE  
City-St-Zip: ASHEVILLE, NC 28803

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVD (X) Change ( ) Addition  
Name: ALPERT, MILDRED  
Address: 4851 S.W. 38TH TERRACE  
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: STD (X) Change ( ) Addition  
Name: ROGOFF, ROBIN  
Address: 4851 S.W. 38TH TERRACE  
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: D (X) Change ( ) Addition  
Name: ALVAREZ, BETH I  
Address: 4851 S.W. 38TH TERRACE  
City-St-Zip: FORT LAUDERDALE, FL 33312

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MILDRED ALPERT

Electronic Signature of Signing Officer or Director

P

12/15/2005

Date