

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 418551

1. Corporation Name

RPG SARASOTA, INC.

Principal Place of Business

2201 4TH AVE N
LAKE WORTH FL 33461

Mailing Address

2201 4TH AVE N
LAKE WORTH FL 33461

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

Suite, Apt. #, etc.

176 Third Street
City & State
Troy New York
Zip
12180 Country
USA

Suite, Apt. #, etc.

176 Third Street
City & State
Troy New York
Zip
12180 Country
USA

4. Date Incorporated or Qualified To Do Business in Florida

02/07/1973

5. FEI Number

59-1443604

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	RAPONE, RICHARD	634 SOUTH ST.	ROCHESTER NY
VD	RUBIN, ROBERT L	176 THIRD STREET	TROY, NEW YORK 00000
SVP	PATRICK, JAMES K	2201 4TH AVE N	LAKE WORTH FL 33461
EVP	LANDAU, BILL	2201 4TH AVE N	LAKE WORTH FL 33461

8. Name and Address of Current Registered Agent

RAPONE, RICHARD
2201 4TH AVE NO
LAKE WORTH FL 33461

9. Name and Address of New Registered Agent

Name **000002378040-6**
-12/19/97--01087--010
Street Address (P.O. Box Number is Not Accepted) **750.00 ***750.00**
Suite, Apt. #, Etc.
City State Zip Code
FL

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

12/9/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information on Intangible tax.)

12. 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:

[Signature]
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/20/97

516-466-5710

FILED

97 DEC 15 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

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418551-97

CR2040 (8/97)