

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 JUL 10 PM 4:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F97000005195**

1. Corporation Name

RBG XLU CORP.

2. Principal Office Address

154 W. Hubbard

Suite, Apt. #, etc.

City & State

Chi., IL, 60611

Zip

Country

USA

3. Mailing Office Address

906 Columbian

Suite, Apt. #, etc.

City & State

Oak Park, IL 60302

Zip

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/3/97

5. FEI Number

36-4186582

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CT Corporation system

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

1200 S. Pine Rd.

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

333 241

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

Mr. J. [Signature]

REGISTERED AGENT MUST SIGN

Date

6/4/01

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
Chair	Robert Goldfine	906 Columbian	Oak Park, IL 60302
Pres.	Lawrence M. Kahn	80 SW 8th #1870	Miami, FL 33130

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)(l), 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:

Lawrence M. Kahn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3055778550

Daytime Phone #

CR2E081 (9/00)