

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathar
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 JAN 21 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H02358

1. Corporation Name

RHG CONSULTANTS, INC.

Principal Place of Business

Mailing Address

C/O RONALD H. GREENE
2108 N. 31 CT.
HOLLYWOOD FL 33021

C/O RONALD H. GREENE
2108 N. 31 CT.
HOLLYWOOD FL 33021

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

4. Date Incorporated or Qualified
To Do Business in Florida

05/05/1984

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2403878

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PD	GREENE, RONALD H.	2108 N 31 CT.	HOLLYWOOD FL
SD	GREENE, TONI	2108 N 31 CT.	HOLLYWOOD FL

100002752011--2
-01/22/99--01104--004
***300.00 ***300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GREENE, RONALD H.
2108 N 31 CT.
HOLLYWOOD FL 33021

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed

named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Ronald H. Greene **OFFICER**
REGIS SIGN

Date 1.15.99

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:

Toni M. Greene
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Toni M. Greene

Date

Daytime Phone #

1.15.99. 954 981
3677

CR2ED040 (8/98)

To whom this may concern,

We never received the first notice from the Divisions of Corporations therefore we were unaware of it being due. We are in a training zone for mailmen. Enclosed I have sent a check for \$300.00 as instructed by your employee. Thank you very much for the understanding in this stressful situation we are faced with.

Louie H. Greene