

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 AUG 13 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02 03

900022292699
08/13/03--01077--002 **500.00

900022292699
08/13/03--01077--001 **400.00

DOCUMENT # 402358

1. Corporation Name

R. H. G. CONSULTANTS INC.

2. Principal Office Address

4211 N. SURF RD.

Suite, Apt. #, etc.

#1

City & State

Hollywood FLA

Zip

33019

Country

USA

3. Mailing Office Address

PO BOX 816295

Suite, Apt. #, etc.

City & State

Hollywood FL.

Zip

33081

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/05/1984

5. FEI Number

592403878

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

Ronald H Greene

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

4211 N. SURF RD

Suite, Apt. #, Etc.

1

City

Hollywood

State

FL

Zip Code

33019

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

Ronald H Greene

REGISTERED AGENT MUST SIGN

Date 8/12/03

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
PD	Ronald H Greene	4211 N. SURF RD	Hollywood FL 33019
SD	TONI GREENE	3905 PANAGUE ST.	Hollywood FL 33021

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/12/03

Date

954 274-0485

954 987-7663

Daytime Phone #

CR2E081 (10/02)