

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT #

568469

1. Corporation Name

RLT FINANCIAL MANAGEMENT, INC

Principal Place of Business

Mailing Address

860 US HWY ONE  
SUITE 212  
N. PALM BEACH, FL. 33408

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

April 10/1987

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2794800

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
PRESIDENT	ROBERT L. TOTARO	860 US HWY ONE, SUITE 212 N. PALM BEACH, FL 33408	N. PALM BEACH, FL 33408
			800003000578--1 -09/29/99--01062--017 *****8.75 *****8.75
			800003000578--1 -09/29/99--01062--018 *****900.00 *****900.00

8. Name and Address of Current Registered Agent

ROBERT L. TOTARO  
860 U.S. ONE  
SUITE 212  
N. PALM BEACH, FL. 33408

9. Name and Address of New Registered Agent

Name  
N/A SAME AS CURRENT  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City  
State  
FL  
Zip Code

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

Robert L. Totaro

REGISTERED AGENT MUST SIGN

Date 6/30/99

11. This corporation owes 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: Robert L. Totaro ROBERT L. TOTARO  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/99 561-842-8009  
Date Daytime Phone #

CR2E081 (12/98)