

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 FEB -8 PH 2:18

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

DOCUMENT # 568469

1. Corporation Name

RLT FINANCIAL MANAGEMENT, INC

600165911456  
01/12/10--01026--003 \*\*150.00

2. Principal Office Address - No P.O. Box #

446 MARLIN RD

Suite, Apt #, etc.

3. Mailing Office Address

446 MARLIN RD

Suite, Apt #, etc.

City & State

NORTH PALM BEACH, FL

Zip

Country

3340P

City & State

NORTH PALM BEACH, FL

Zip

Country

3340P

**REINSTATEMENT 09-10**

4. Date Incorporated or Qualified  
To Do Business in Florida

4/17/1987

5. FEI Number

59-2794800

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

ROBERT L. TOTARO

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

446 MARLIN RD.

Suite, Apt #, Etc.

City

NORTH PALM BEACH

State

FL

Zip Code

3340P

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

600165911456  
02/08/10--01067--022 \*\*168.75

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

Robert L. Totaro

Date

01/14/2010

REGISTERED AGENT MUST SIGN

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
<u>President</u>	<u>ROBERT L. TOTARO</u>	<u>446 MARLIN RD N. PALM BEACH, FL 3340P</u>	<u>NORTH PALM BEACH, FL 3340P</u>

**M. MILLIGAN  
EXAMINER**

**FEB -9 2010**

10. E-mail Address:

RLT FINANCIAL MANAGEMENT, INC  
(To be used for future annual report notification)

11. 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, I further certify 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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01/14/2010

Daytime Phone #