Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L54039

FILED
1995 MAR 27 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

RG & SON, INC.

Mailing Address	Principal Place of Business
10750 NW 40 ST SUNRISE FL 33351	10750 NW 40TH ST. SUNRISE FL 33351 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable	3. New Principal Office Address, If Applicable
Suite, Apt. #, etc.: 5104 NW 49 AVE.	Suite, Apt. #, etc.: 5104 NW 49 AVE.
City & State: Coconut Creek Fl.	City & State: Coconut Creek Fl.
Zip: 33073 Country: Broward	Zip: 33073 Country: Broward

4. Date Incorporated or Qualified To Do Business in Florida: 03/01/1990

5. FEI Number: 59-3005882 ☐ Applied For ☐ Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	GRALA, RALPH	10750 NW 40 ST	SUNRISE FL
			600001446966 -04/04/95--01032--017 ****400.00 ****400.00
See attached letter from the post office. No reinstatement fee required.		300 a year	

8. Name and Address of Current Registered Agent

GRALA, RALPH
10750 NW 40TH ST.
SUNRISE FL 33351

9. Name and Address of New Registered Agent

Name: Grala, Ralph
Street Address (P.O. Box Number is Not Acceptable): 5104 NW 49 AVE.
Suite, Apt. #, Etc.:
City: Coconut Creek State: FL Zip Code: 33073

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: Ralph Grala Date:
REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I realize the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director of 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., and that all fees owed by the corporation have been paid. 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: Ralph Grala RALPH Grala Pres. 305-726-9974
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E043 (6/94)

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