

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



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

AND FILED

96 DEC -5 AM 11:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M54821

1. Corporation Name  
R.V.G. GROUP INC.

Principal Place of Business Mailing Address  
375 NE 72ND TERRACE 375 NE 72ND TERRACE  
NORTH MIAMI FL 33138 NORTH MIAMI FL 33138



REINSTATEMENT 96

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/01/1987	
City & State		City & State		5. FEI Number	
Zip		Country		65-0087987	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$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
P	<del>GRALTAGHANO, REYNAULD</del>	375 NE 72ND TERRACE	NORTH MIAMI FL 33138
P	Katz, Reynald	375 NE 72nd Terrace	N Miami Beach, Fl. 33138
			600002021746--3 -12/06/96--01019--011 ***375.00 ***375.00
			12/15

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
WERSTERN, BARRY-D 2899 NE 191ST ST. STE-704 AVENTURA FL 33180		Name Lazarus Rothstein, Esq Street Address (P.O. Box Number is Not Acceptable) 11077 Biscayne Blvd. Penthouse Suite, Apt. #, Etc. Miami, Florida 33161 City State Zip Code FL	

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: [Signature] Date: 12-14-96  
REGISTERED AGENT MUST SIGN

11. 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.)

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)(f), 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]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Reynald, Katz  
Date: 9/16/96 Daytime Phone #: (305) 754-3310

CR2ED40 (7/96)