

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC 28 PM 4:00

DOCUMENT #

1. Corporation Name

P00000015213
R. B. P. R. INC.

400004785154--4

-01/18/02--01068--008

****158.75 ****158.75

2. Principal Office Address

3. Mailing Office Address

67 NE ALICE AVE

67 NE ALICE AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

67

67

City & State

City & State

Jensen Beach FL

Jensen Beach FL

Zip

Country

Zip

Country

34957

34957

4. Date Incorporated or Qualified
To Do Business in Florida

2.7.2006

5. FEI Number

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

SAM AVERY

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

16921 NE 6th Ave N. miami Beach

Suite, Apt. #, Etc.

16921

City

miami Beach

State

FL

Zip Code

33162

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

[Signature]

Date 12-21-2001

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
P.T	P.T	67 NE ALICE AVE	Jensen Beach FL 34957
D.	ELINOR HAIRPIN Director	87 NE ALICE AVE	Jensen Beach FL 34957

AD

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.

561 692 1199

SIGNATURE:

[Signature] RINA BRODER

12-21-2001

Date

Daytime Phone #