

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

182

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 MAR 13 PM 4:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P0000097969

1. Corporation Name

R B Supplies & Services, Inc

2. Principal Office Address

8571 NW 96th ST

Suite, Apt. #, etc.

3. Mailing Office Address

8571 NW 96th ST

Suite, Apt. #, etc.

City & State

Medley, FLORIDA

Zip

33166

Country

USA

City & State

Medley, FLORIDA

Zip

33166

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10-17-00

5. FEI Number

65-1048278

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

REINIER ROMERO

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

8571 NW 96th ST

Suite, Apt. #, Etc.

City

Medley

State
FL

Zip Code

33166

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

REGISTERED AGENT MUST SIGN

Date

03/09/02

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>D</u>	<u>ROMERO, REINIER</u>	<u>8571 NW 96th ST</u>	<u>Medley FL 33166</u>

400005180524--5

-04/01/02--01083--002

****300.00 ****300.00

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

03/09/02

Daytime Phone #

CR2E081 (9/01)

282

To: Florida Department of State
Katherine Harris
Secretary of State
Division of Corporations

From: R B Supplies & Services, Inc
8571 NW 96th Street
Medley, Florida 33166
65-1048278
1-786-253-5439

Re: Reinstatement of Corporation Doc # P00000097969

March 9, 2002

Department of State;

I, Reinier Romero-company President, was sitting with my accountant today and he told me that my corporation has been Administratively dissolved. I never received a Florida Annual Corporate Return form. I am sending you a check in the amount of \$300.00 to reinstate the years 2001 and 2002. Please accept the above corporate filing fee of \$150.00 for each year, and not charge me the penalties.

Sincerely,


Reinier Romero