

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 NOV 24 PM 12:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000100361

**1. Corporation Name**

R.T. PROFESSIONAL SERVICES, INC.

**2. Principal Office Address**

2190 W. 60 Street

Suite, Apt. #, etc.

# 21105

City & State

Miami, Florida

Zip

33016

Country

USA

**3. Mailing Office Address**

7050 S.W. 86 Avenue

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33143

Country

USA

**REINSTATEMENT 03**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

10/25/2000

**5. FEI Number**

651053564

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

Juan E. Figueras

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

7050 S.W. 86 Avenue

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33143

**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

Date

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
PSTD	RENE TOSCA	2190 W. 60 Street #21105	Hialeah, Florida 33016

**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

Daytime Phone #

305-528-8011

CR2E081 (10/02)

LAW OFFICES  
**PARLADÉ & FIGUERAS**  
7050 southwest 86<sup>th</sup> avenue  
Miami, Florida 33143-2426

Alberto J. Parladé, Esquire  
Juan E. Figueras, Esquire  
Eric A. González, Esquire

Telephone (305) 595-2300  
Facsimile (305) 595-0408

November 12, 2003

Secretary of State  
Division of Corporation  
P.O. Box 6327  
Tallahassee, Florida 32314

RE: Reinstatement of R.T. PROFESSIONAL SERVICES, INC.  
Our File No.: 2122-11

Dear Sir or Madam:

The undersigned is the attorney for the above referenced Corporation. Enclosed herein please find check covering the following fees:

-	Reinstatement Fee	\$	n/a
-	Annual Report Fee	\$	61.25
-	Corporate Supplemental Fee	\$	88.75
-	Certificate of Good Standing	\$	8.75

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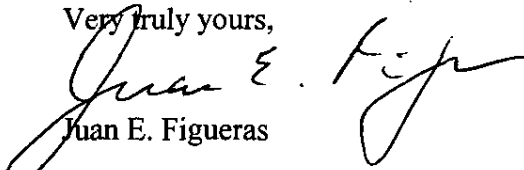
TOTAL: \$ 158.75

Please note that we spoke with an advisor at the Secretary of State who informed us that the Reinstatement Fee would be waived if the Corporation never received any notices or initial reports to which we hereby certify and affirm that we did not receive. On the Application for Reinstatement the address for the corporation is an old address which was changed. The correct current address is reflected on the enclosed Application for Reinstatement.

Upon reinstatement, please return the Certificate of Good Standing to the undersigned at your earliest possible convenience.

Should you have any questions and/or need any additional information do not hesitate to contact our office. Otherwise, thank you for your attention in this matter.

Very truly yours,

  
Juan E. Figueras

Confirmed and agreed:

  
Rene Tosca