

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
OFUWA
REINSTATEMENT



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

DOCUMENT # **P00000110589**

1. Corporation Name

RMR SERVICES CORPORATION

Principal Place of Business

Mailing Address

**280 POCATELLA STREET
MIAMI SPRINGS FL 33166**

**280 POCATELLA STREET
MIAMI SPRINGS FL 33166**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/30/2000

5. FEI Number

65-1060920

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	AZA, RAUL	280 POCATELLA STREET	MIAMI SPRINGS FL 33166
			8000004661738--9 -11/01/01--01005--011 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

**AZA, RAUL
280 POCATELLA STREET
MIAMI SPRINGS FL 33166**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

10/15/01

11. 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 #

10/15/01

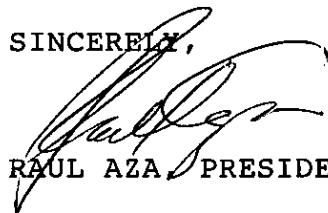
CR2E040 (8/01)

RMR SERVICES CORP.

TO: DEPARTMENT OF STATE
DIVISION OF CORPORATION

PLEASE ACCEPT MY APOLOGIES FOR THIS DELAY BUT THIS IS THE ONLY
NOTICE RECEIVED BY ME, SORRY FOR ANY INCONVINIENCE THIS MAY CAUSE.

SINCERELY,

A handwritten signature in dark ink, appearing to read 'Raul Aza', is written over the word 'SINCERELY,'.

RAUL AZA, PRESIDENT.