

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Kathleen Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 NOV 30 PM 4:00

DOCUMENT # P00000114101

1. Corporation Name

RPR Little Rock, Inc

2. Principal Office Address

2316-B First Ave. So.

Suite, Apt. #, etc.

City & State

Birmingham, AL

Zip

35233

Country

3. Mailing Office Address

P.O. Box 10623

Suite, Apt. #, etc.

City & State

Birmingham, AL

Zip

35202

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/13/2000

5. FEI Number

58-2591463

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

Aaron J Gold

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

704 W Bay St

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33606

200004725582-1

-12/14/01--01004--03

****150.00 ****150.00

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

11/27/01

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
Pres	Roberto Rodriguez	120 Dexter Ave	Birmingham, AL 35213

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Roberto Rodriguez

11/23/01

(205) 252-1131