

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION  
FOR



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000072904

1. Corporation Name

R.S. THREE CORP.

Principal Place of Business

3533 NW 82 AVENUE  
MIAMI FL 33122

Mailing Address

3533 NW 82 AVENUE  
MIAMI FL 33122

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/24/2001

5. FEI Number

65-1123002

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PS	RUBEN, ERNESTO	3533 NW 82 AVE	MIAMI FL 33122
D	SANNA, ANTONIO	3533 NW 82 AVE	MIAMI FL 33122

500008841845

11/06/02--01146--017 \*\*150.00

02 Ugn

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8. Name and Address of Current Registered Agent

OVIES, IDA C  
2307 DOUGLAS RD  
400  
MIAMI FL 33145

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

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/31/02

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/02

Date

Daytime Phone #

RS Three, Corp.  
3533 NW 82 AVENUE  
MIAMI, FLA 33122

October 31, 2002

Secretary of State  
Division of Corporations  
PO Box 6327  
Tallahassee, Fla 32314

Re: UBR 2002

Dear Sirs:


Please find enclosed completed application for reinstatement and check for \$150 annual fee for RS Three, Corp. Document# P01000072904.

We never received the first or second UBR forms for 2002.

Please file the reinstatement as soon as possible.

Thank you.

Respectfully,

  
Ernesto Ruben  
Member