

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR 21 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000108300

1. Corporation Name

R. P. TECHNOLOGIES, INC.

500014854856
03/28/03--01003--026 **900.00

REINSTATEMENT

8203

2. Principal Office Address

2333 Ponce de Leon Blvd

3. Mailing Office Address

2333 Ponce de Leon Blvd

State, Apt. #, etc.

THE COLONNADE OFFICE TOWER PH 1120

State, Apt. #, etc.

THE COLONNADE OFFICE TOWER PH 1120

City & State

CORAL GABLES, FL.

City & State

CORAL GABLES, FL.

4. Data Incorporated or Qualified To Do Business in Florida

11-9-2001

5. FEI Number

73-1627367

Applied For

Not Applicable

Zip

33134

Country

USA

Zip

33134

Country

USA

6. CERTIFICATE OF STATUS DESIRED

\$3.75 Additional Fee required for Certificate of Status

7. Name and Address of Current Registered Agent

Name

MARCELO M. AGUDO

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

2333 Ponce de Leon Boulevard

State, Apt. #, Etc.

THE COLONNADE OFFICE TOWER PH 1120

City

CORAL GABLES

State

FL

Zip Code

33134

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0535 or 617.0535, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

3/17/03

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
P	Rose B. Pujol	1755 Fairhaven Pl.	Miami, FL 33133
S/T	Maria M. Lopez	1755 Fairhaven Pl.	Miami, FL 33133
V	David Torrado	1755 Fairhaven Pl.	Miami, FL 33133
V	Rafael R. Palacios	1755 Fairhaven Pl.	Miami, FL 33133

10. I certify that I am an officer or director or the register or trustee empowered to execute this application as provided for in Chapter 607 or 617, F.S. I further certify that when this reinstatement application is filed, 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 607.0731(1), F.S. The information provided 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

MARCELO M. AGUDO

3/17/03

305-448-4747