

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. **FILED**

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

07 MAY 23 PM 4:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000066995

1. Corporation Name

RASCAL INVESTMENTS, INC.

200103043822
05/23/07--01002--004 **1350.00

2. Principal Office Address - No P.O. Box #

1791 BLOUNT RD

Suite, Apt. #, etc.

3. Mailing Office Address

1629 Jefferson Ave

Suite, Apt. #, etc.

City & State

POMPANO BEACH, FLORIDA

City & State

MIAMI BEACH, FLORIDA

Zip

33069

Country

USA

Zip

33139

Country

USA

CR2E081 (1/07) **REINSTATEMENT** 03-07

4. Date Incorporated or Qualified To Do Business in Florida 06/17/2002

5. FEI Number

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

LOEFFLER, RALPH

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

1629 Jefferson Ave

Suite, Apt. #, Etc.

City

MIAMI BEACH

State

FL

Zip Code

33139

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 05/15/2007

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
D	LOEFFLER, RALPH	1629 Jefferson Avenue	Miami Beach, FL, 33139

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 contained in Chapter 119, 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

RALPH LOEFFLER

Date

Daytime Phone #

05/15/2007