

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000078780

1. Corporation Name

R+R Barreal Investments Group Inc.

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

2901 SW 7th St.

3. Mailing Office Address

2901 SW 7th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33135

Country

USA

Zip

33135

Country

USA

7. Name and Address of Current Registered Agent

Name

Rosalina Barreal

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

1660 South Treasure Drive

Suite, Apt. #, Etc.

City

North Bay Village

State

FL

Zip Code

33141

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

R Barreal

Date

REGISTERED AGENT MUST SIGN

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	Rosalina Barreal	1660 S. Treasure Dr.	North Bay Village, FL 33141
VP	Rouger Barreal	1660 S. Treasure Dr.	North Bay Village, FL 33141

REINSTATEMENT

RH

10. E-mail Address: rbarreal@msn.com

(To be used for future annual report notification)

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. I further certify, 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:

R Barreal

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/2010

Date

305-644-7333

Daytime Phone #

FILED

10 MAR 22 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600171550156
03/22/10--01051--028 **608.75

600171550156
03/09/10--01001--021 **750.00

REINSTATEMENT

CR2E081 (11/09)

06-10

4. Date Incorporated or Qualified To Do Business in Florida

7/19/2002

5. FEI Number

30-010-6356

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

☐ 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.