

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 JAN 24 AM 11:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000 114457

1. Corporation Name

RKR MANAGEMENT GROUP CORP.

2. Principal Office Address

650 S.E. 12 STREET

3. Mailing Office Address

650 S.E. 12 STREET

Suite, Apt. #, etc.

SUITE 207

Suite, Apt. #, etc.

SUITE 207

City & State

DANIA FL

City & State

DANIA FL

Zip  
33004

Country  
USA

Zip  
33004

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida

10/24/2002

5. FEI Number

061653751

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  
KUTSENKO, RUSSELL

Street Address (P.O. Box Number is Not Acceptable)  
650 S.E. 12 STREET

Suite, Apt. #, Etc.  
SUITE 207

City  
DANIA

State  
FL

Zip Code  
33004

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

Date 01/17/2006

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	KUTSENKO, RUSSELL	650 S.E. 12 STREET SUITE 207	DANIA FL 33004

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:

  
RUSSELL KUTSENKO

01/17/2006

954-924-0031

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #