

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 DEC 23 AM 11:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000126688

1. Corporation Name

R&M INTER TRADING CORP.

500162884875
11/17/09 01032 015 750.00

REINSTATEMENT 05-09

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

97 Griggs Ave

Suite, Apt. #, etc.

City & State

Casselberry, FL

Zip

32707

Country

USA

3. Mailing Office Address

97 Griggs Ave

Suite, Apt. #, etc.

City & State

Casselberry, FL

Zip

32707

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida 12/02/2002

5. FEI Number
743071603

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

Alex Ronald Ramirez

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

97 Griggs Ave

Suite, Apt. #, Etc.

City

Casselberry

State

FL

Zip Code

32707

☒ 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

Ronald

Date 11/25/2009

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
DVS	Monica Esther Vasquez	97 Griggs Ave.	Casselberry, FL 32707

10. E-mail Address: rmintertradingcorp@live.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:

Ronald

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/25/2009 (407)467-7101

Date

Daytime Phone #

12/23