

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
04 OCT 21 PM 12:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000133431

**1. Corporation Name**

Retail Contracting Services, Inc.

5600 NW 102 Avenue  
Same

**2. Principal Office Address**

5600 NW 102 Avenue

**3. Mailing Office Address**

Same

Suite, Apt. #, etc.

SUITE K

Suite, Apt. #, etc.

Same

City & State

Sunrise, Florida

City & State

Same

Zip

33351

Country

USA

Zip

33351

Country

USA

**4. Date Incorporated or Qualified**

To Do Business in Florida 12/20/2002

**5. FEI Number**

56-2310218

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

Caroline Foote

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

5600 NW 102 Avenue

Suite, Apt. #, Etc.

SUITE K

City

Sunrise

State

FL

Zip Code

33351

**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

*Caroline Foote*

Date October 20, 2004

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
Pres	Caroline Foote	5600 NW 102 Avenue SUITE K	Sunrise, Florida 33351
VP	Michael A. Mastandrea	13841 NW 22 Street	Sunrise, Florida 33323

REINSTATEMENT 03-04

300042441713  
11/03/04--01048--011 \*\*300.00

**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 under section 119.07(3)(i), 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

*Michael A. Mastandrea*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/2004

Date

954 572 2994

Daytime Phone #

CR2E081 (01/04)



General Contractors • Construction Management • Consulting

October 20, 2004

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, Florida 32314

ATT: Kathy/Reinstatement Department

As per our conversation, please waive the reinstatement/late fee due to not receiving the renewal at our address.

As discussed, please note our address requires a Suite number be included for all mail deliveries.

We have included the Suite number on our application for reinstatement, and have additionally enclosed payment for (2) years filing fee.

Any questions, please call 954 572 2994.

Thank you for your help in this matter.

A handwritten signature in black ink, appearing to read "Michael A. Mastandrea".

Michael A. Mastandrea  
Retail Contracting Services, Inc.