

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
FILED

06 JUN 12 PM 12:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P03000051606

1. Corporation Name

R M R N S Management, Inc

2. Principal Office Address

8567 SW 24 St.

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33155

Country

DADE

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33

Country

**REINSTATEMENT** 04-06

4. Date Incorporated or Qualified  
To Do Business in Florida

5/09/03

5. FEI Number

841712302

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

MERCEDES DE ARMAS

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

7955 SW 26 St

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33155

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

M Mercedes De Armas

REGISTERED AGENT MUST SIGN

Date

6/6/06

**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
PD	MERCEDES de ARMAS	7955 SW 26 St	MIAMI, FL 33155

600076428166

06/21/06--01016--002 \*\*1050.00

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:

M Mercedes De Armas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/6/06 305-

Daytime Phone #

CR2E081 (9/00)