

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000059366

1. Corporation Name

R.G.L. INVESTMENT, INC.

2. Principal Office Address - No P.O. Box #
3650 NW 82ND AVE

3. Mailing Office Address
3650 NW 82ND AVE

Suite, Apt. #, etc.
SUITE 404

Suite, Apt. #, etc.
SUITE 404

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip Country
33166

Zip Country
33166

7. Name and Address of Current Registered Agent

Name
BAKANAS, AUDRIUS

Street Address (P.O. Box Number is Not Acceptable)
3650 NW 82ND AVE

Suite, Apt. #, Etc.
SUITE 404

City
MIAMI

State Zip Code
FL 33166

4. Date Incorporated or Qualified
To Do Business in Florida 05-30-2003

5. FEI Number
20-0051414

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.

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 AUDRIUS BAKANAS

Date 03-12-2009

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
PD	MARCINKEVICIENE, LINA	3650 NW 82ND AVE SUITE 404	MIAMI, FL 33166
D	BAKANAS, AUDRIUS	3650 NW 82ND AVE SUITE 404	MIAMI, FL 33166

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: AUDRIUS BAKANAS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-12-2009
Date

305-406-3800
Daytime Phone #

FILED

09 MAR 26 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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03/16/09--01034--030 **600.00

REINSTATEMENT 05-09