

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 10 AM 10:41

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PO3000130570

1. Corporation Name

Group RR Associates, Corp.

REINSTATEMENT 04-06

06/21/04 90001 003 \$150.00
CR2E081 (12/05)

2. Principal Office Address

11205 NW 73 St.

Suite, Apt. #, etc.

3. Mailing Office Address

11205 NW 73 St.

Suite, Apt. #, etc.

City & State

miami, FL

City & State

miami, FL

Zip*

33178

Country

USA

Zip

33178

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/12/2003

5. FEI Number

20-4610901

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

Peter M. Lopez, Esq.

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

1200 Brickell Avenue

Suite, Apt. #, Etc.

Suite 860

City

miami

State

FL

Zip Code

33131

000073456890

05/01/06--01032--028 **900.00

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

4/4/06

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
<u>D</u>	<u>Peter M. Lopez</u>	<u>1200 Brickell Ave. #860</u>	<u>miami, FL 33131</u>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Director

Date

4/4/06

Daytime Phone #