

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 JAN 26 PM 12:38

DOCUMENT # **P04000108772**
1. Corporation Name
**R SQUARED PROPOSAL CONSULTANTS
INC**

400142044614

01/26/09--01038--021 **750.00

REINSTATEMENT 05-09KS

2. Principal Office Address - No P.O. Box # 1500 University DR.		3. Mailing Office Address	
Suite, Apt. #, etc. Suite 202		Suite, Apt. #, etc.	
City & State Coral Springs FL		City & State 1	
Zip 33091	Country BROWARD	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: **BRENDA VIDALE**

Street Address (P.O. Box Number is Not Acceptable):
1500 University Drive Ste 202

Suite, Apt. #, Etc.:
202

City: **Coral Springs** State: **FL** Zip Code: **33091**

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: Date: **1-21-09**

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
P	BRENDA VIDALE	1500 UNIVERSITY DR	CORAL SPRINGS 33091
VP	EVER BOZA	1209 GINGER CIRCLE	WESTON FL 33326

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: **BRENDA VIDALE** Date: **1-21-09** Daytime Phone #: **94-562-6403**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR