

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JUN -4 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P070000008152

1. Corporation Name

R. G. M. B. Inc.

WI-24924

2. Principal Office Address - No P.O. Box #

3145 NW 38 ST

Suite, Apt. #, etc.

3. Mailing Office Address

3145 NW 38 ST

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33142

Country

USA

City & State

MIAMI FL

Zip

33142

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

20-8277079

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

RAUL GARCIA

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

3145 NW 38 ST

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33142

☒ **PROFIT CORPORATIONS ONLY**
The \$600.00 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 5/15/10

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>PRES</u>	<u>RAUL GARCIA</u>	<u>3145 NW 38 ST</u>	<u>MIAMI FL 33142</u>

10. E-mail Address:

(To be used for future annual report notification)

11. 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. I further certify, 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]

RAUL GARCIA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/10

Date

305-622-0638

Daytime Phone #