

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC 17 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000099244

1. Corporation Name

RG PLATINUM SERVICES, INC

100163725821
12/17/09--01037--014 **300.00

REINSTATEMENT 08-09

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

1500 BayRoad

Suite, Apt. #, etc.

782

City & State

Miami Beach FL

Zip

33139

Country

USA

3. Mailing Office Address

1500 Bay Road

Suite, Apt. #, etc.

782

City & State

Miami Beach Fl

Zip

33139

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

November 13-2007

5. FEI Number

26-0851027

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

Derek JAMES

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

105 NE 22nd St

Suite, Apt. #, Etc.

City MIAMI

State FL

Zip Code 33137

☒ 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

Derek James

REGISTERED AGENT MUST SIGN

Date November 23-2009

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
VP	Derek A. James	105 NE 22nd St	Miami Fl 33137
P	Rafael Guedes	1500 BayRoad	Miami Beach Fl 33139

10. E-mail Address: RGplatinumservices@gmail.com

(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:

Rafael Guedes

Rafael Guedes

Nov-23-09 305

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #