

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

10 APR 19 AM 11:23

DOCUMENT # **P07000101248**

1. Corporation Name

RLJ ENTERPRISE GROUP INC

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

2352 NORTH DIXIE HWY

Suite, Apt. #, etc.

3. Mailing Office Address

2352 NORTH DIXIE HWY

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FL

City & State

HOLLYWOOD, FL

Zip

33020

Country

USA

Zip

33020

Country

USA

300176177103
04/19/10--01003--028 **450.00

REINSTATEMENT 08-10

4. Date Incorporated or Qualified
To Do Business in Florida **09/11/2007**

5. FEI Number



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

BATISTA, ROBERT

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

2352 NORTH DIXIE HWY

Suite, Apt. #, Etc.

City

HOLLYWOOD

State

FL

Zip Code

33020

☒ 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

4/6/10

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	BATISTA, ROBERT	2352 NORTH DIXIE HWY	HOLLYWOOD, FL 33020
VP	JIMENEZ, FEDERICO	2352 NORTH DIXIE HWY	HOLLYWOOD, FL 33020

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/6/10

Daytime Phone #