

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JAN 13 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P08000061244

1. Corporation Name

R & M TECHNO-CONSULT INC

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

5102 NW 36TH STREET

Suite, Apt. #, etc.

APT. 402

City & State

LAUDERDALE LAKES, FL

Zip

33319

Country

3. Mailing Office Address

5102 NW 36TH STREET

Suite, Apt. #, etc.

APT. 402

City & State

LAUDERDALE LAKES, FL

Zip

33319

Country

4. Date Incorporated or Qualified

To Do Business in Florida **06/24/2008**

5. FEI Number

26-2869659

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

GLADYS MELENDEZ

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

1520 S STATE RD 7

Suite, Apt. #, Etc.

City

HOLLYWOOD

State

FL

Zip Code

33023

☒ 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

Gladys Melendez

REGISTERED AGENT MUST SIGN

Date **01/11/2010**

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
DP	RAUL E. MOLINA	5102 NW 36TH STREET, APT 402	LAUDERDALE LAKES/FL/33319

REINSTATEMENT

RH

10. E-mail Address: **Rmtechnoconsult@hotmail.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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/11/2010 954-552-0534

Date

Daytime Phone #