PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
15 JUN 3 AM 10:52
TALLAHASSEE, FLORIDA

DOCUMENT # P09000041907

1. Corporation Name

R. F. Management, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1380 Biscaya Drive	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Surfside, FL	City & State
Zip: 33154 Country: USA	Zip Country

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: May 12, 2009

5. FEI Number: 34-1859408 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED **** YES **** $8.75 Additional Fee required for a Certificate of Status

7. **Name and Address of Current Registered Agent**

Name: Robert Fazio

Street Address (P.O. Box Number is Not Acceptable): 1380 Biscaya Drive

Suite, Apt. #, Etc.:

City: Surfside State: FL Zip Code: 33154

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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: Robert Fazio Date: June 2, 2015

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
Pres	Robert Fazio	1380 Biscaya Drive	Surfside, FL 33154
	REINSTATEMENT		S. HAWKES
	2010-2015		JUN 11 A.M.
			EXAMINER

10. **E-mail Address:** jd@degrandiscpa.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Robert Fazio June 2, 2015 216-292-6110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #