

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 JAN -2 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000001871

1. Corporation Name

RS XXI, Inc.

Principal Place of Business

Mailing Address

**6175 N.W. 153rd. St
Suite 215
Miami Lakes, Fl 33014**

-SAME-

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date incorporated or Qualified
To Do Business in Florida

01/04/93

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0487462

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	Reynaldo Buroz	c/o Sheldon Evans, P.A. 6175 N.W. 153rd. St., Ste 215	Miami Lakes, Fl 33014
T	Reynaldo Buroz	c/o Sheldon Evans, P.A. 6175 N.W. 153rd. St., Ste 215	Miami Lakes, Fl 33014
V.P.	Reynaldo Buroz	c/o Sheldon Evans, P.A. 6175 N.W. 153rd. St., Ste 215	Miami Lakes, Fl 33014
S	Reynaldo Buroz	c/o Sheldon Evans, P.A. 6175 N.W. 153rd. St., Ste 215	Miami Lakes, Fl 33014

REINSTATEMENT 1995-96

8. Name and Address of Current Registered Agent

**Sheldon Evans, P.A.
6175 N.W. 153rd. Street, Ste 215
Miami Lakes, Fl 33014**

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number) **6175 N.W. 153rd. St., Ste 215**

Suite, Apt. #, Etc.

*****575.00 ***575.00**

City

State

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Sheldon Evans, P.A.
REGISTERED AGENT MUST SIGN

Date **12/30/96**

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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 REQUIRED/Reynaldo Buroz

p344-305) 557-6060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #