

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000010801

1. Corporation Name

RF Foliage, Inc.

2. Principal Office Address

2225 NW 25 AVE

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33142

Country

Orde

3. Mailing Office Address

8825 SW 100 ST

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33176

Country

Orde

REINSTATEMENT 01-05

4. Date Incorporated or Qualified  
To Do Business in Florida

2/11/1993

5. FEI Number

650398151

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

Alberto J. Fontela

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

8825 SW 100 ST

Suite, Apt. #, Etc.

500059241675

09/01/05--01047--001 \*\*1318.75

City

Miami

State

FL

Zip Code

33176

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

Albert J. Fontela

REGISTERED AGENT MUST SIGN

Date 8/30/05

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
V/D	Alberto J. Fontela	8825 SW 100 ST	Miami, FL 33176

10. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

Albert J. Fontela / Alberto J. Fontela

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/30/05

Date

305-633-4741

Daytime Phone #

CR2E081 (10/02)