

APPLICATION FOR REINSTATEMENT FOR	FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	DO NOT WRITE IN THIS SPACE. FILED 97 FEB -7 PM 3:31 SECRETARY OF STATE TALLAHASSEE, FLORIDA
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Head Instructions on Other Side Before Making Entries
Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # 093000045758 R S INTEGRAL SERVICE CORPORATION 8370 W. Flagler Street, #110-B Miami, FL 33144	2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment. Address Address REINSTATEMENT 96-97 Zip Code
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3. Date Incorporated or Qualified To Do Business in Florida 6/29/93	4. FEI Number 65-0420565	<input type="checkbox"/> FEI Number Applied For <input type="checkbox"/> FEI Number Not Applicable
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5. Names and Street Addresses of Each Officer and/or Director			
Title 1	Names of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City and State 4
Pres. & Secy/Tres and Director	ROSA SOTOLONGO	8370 W. Flagler St., #110-B	Miami, FL 33144
			000002084260--5 02/11/97-01158-013 ****941.25 ****941.25

This corporation has liability for intangible tax under section 199.032, Florida Statutes. ☐ Yes ☐ No
For intangible tax information call Department of Revenue 904-488-8800.

REGISTERED AGENT INFORMATION		7. Name and Address of New Registered Agent	
6. Name and Address of Current Registered Agent		Name	
ROSA SOTOLONGO 8370 W. Flagler St., #110-B Miami, FL 33144		Street Address (Do NOT Use P.O. Box Number)	
		Street Address (Do NOT Use P.O. Box Number)	
		City and State	Zip Code
		FL.	

8. 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 Rosa Sotolongo Date 1/27/97
ROSA SOTOLONGO REGISTERED AGENT MUST SIGN

9. 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 of Officer or Director Rosa Sotolongo Date 1/27/97 Phone # (305) 225-6225
ROSA SOTOLONGO, Pres. ROSA SOTOLONGO
Typed or printed name of signing officer or director