PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 NOV 15 AM 8:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000015896

1. Corporation Name
RSA ADMINISTRATORS, INC.

Principal Place of Business	Mailing Address
101 NORTH OCEAN DRIVE HOLLYWOOD FL 33019	~~101 NORTH OCEAN DRIVE~~ ~~HOLLYWOOD FL 33019~~

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

REINSTATEMENT 96

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
6345 Collins Ave	499 Marlboro Road
Suite, Apt. #, etc. [redacted]	Suite, Apt. #, etc.
City & State: Miami Beach FL	City & State: Old Bridge NJ
Zip: 33141 Country: USA	Zip: 08857 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 02/28/1994

5. FEI Number: 65-0473632 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ [redacted]

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
~~D~~	~~SCHNECHER, RICHARD J~~	~~101 N. OCEAN DR #303-4~~	~~HOLLYWOOD FL 33019~~
D	Schecher, Richard J.	6345 Collins Ave ~~Miami Beach, Fl~~	Miami Beach Fl 33141
			S00002010315--1 -11/20/96--01108--016 ****175.00 ****175.00
			S00002010315--1 -11/20/96--01108--017 *****61.25 *****61.25
			JB11-19-96

8. Name and Address of Current Registered Agent

KOWALSKY, DEBORAH S. ESQ.
2501 HOLLYWOOD BLVD.
SUITE 206
HOLLYWOOD FL 33020

9. Name and Address of New Registered Agent

Name: S00002010315--1
-11/20/96--01108--018
Street Address (P.O. Box Number is Not Ac[illegible]138.75 ****138.75
Suite, Apt. #, Etc.
City | State: FL | Zip Code

CR2E040 (7/96)

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: SIGNATURE REQUIRED Date: 11/11/96
REGISTERED AGENT MUST SIGN

11. 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.)

12. 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: SIGNATURE REQUIRED 10/1/96 800-989-4772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Richard J. Schecher President. Director

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