

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 OCT 15 PM 5:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000040761

1. Corporation Name

R.G.A. INVESTMENTS, INC.

500004658705--5

-10/30/01--01085--009

***1050.00 ***1050.00

2. Principal Office Address

6314 DUVAL DRIVE

Suite, Apt. #, etc.

City & State

MARGATE, FLORIDA

Zip

33063

Country

BROWARD

3. Mailing Office Address

6314 DUVAL DRIVE

Suite, Apt. #, etc.

City & State

MARGATE, FLORIDA

Zip

33063

Country

BROWARD

4. Date Incorporated or Qualified
To Do Business in Florida

05/31/1994

5. FEI Number

65-0496995

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

ALMEIDA-SOUSA, ELLEN

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

6314 DUVAL DRIVE

Suite, Apt. #, Etc.

City

MARGATE

State

FL

Zip Code

33063

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

REGISTERED AGENT MUST SIGN

Date

10/9/01

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
DP	DE ALMEIDA, JOEDE B	6314 DUVAL DRIVE	MARGATE, FL 33063
DV	ALMEIDA, RANIEL G	6314 DUVAL DRIVE	MARGATE, FL 33063
DS	DE ALMEIDA LOYDE G	6314 DUVAL DRIVE	MARGATE, FL 33063
DT	ALMEIDA-SOUSA, ELLEN	6314 DUVAL DRIVE	MARGATE, FL 33063

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/09/01

Daytime Phone #

954-520-3928

CR2E081 (9/99)