

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

97 FEB 24 PM 2:55

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P95000012691

1. Corporation Name

RIGHT INTERNATIONAL CORP.

Principal Place of Business

Mailing Address

REINSTATEMENT

96-97.00

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

2. New Principal Office Address, If Applicable

2860 NW 72 AVENUE

Suite, Apt. #, etc.

City & State
MIAMI FLORIDA

Zip
33122

Country
US

3. New Mailing Office Address, If Applicable

2860 NW 72 AVENUE

Suite, Apt. #, etc.

City & State
MIAMI FLORIDA

Zip
33122

Country
US

4. Date Incorporated or Qualified
To Do Business in Florida

FEBRUARY 13, 1995

5. FEI Number

65-0556045

Applied For

Not Applicable

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/D	MARFIZA MACIEL DE REGO	2860 N.W. 72ND AVENUE	MIAMI, FLORIDA 33122

800002097608--2
-02/25/97--01151--009
****923.75 ****923.75

8. Name and Address of Current Registered Agent

MARFIZA MACIEL DE REGO
2860 NW 72 AVENUE
MIAMI FLORIDA 33122

9. Name and Address of New Registered Agent

Name
MARFIZA MACIEL DE REGO
Street Address (P.O. Box Number is Not Acceptable)
2860 NW 72 AVENUE
Suite, Apt. #, Etc.
City
MIAMI
State
FL
Zip Code
33122

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

Marfiza Maciel de Rego
REGISTERED AGENT MUST SIGN

Date

2-18-97

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.

MARFIZA MACIEL DE REGO

PRESIDENT

SIGNATURE:

Marfiza Maciel de Rego
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/18/97

Daytime Phone #

305-513-9456