

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 28 AM 8:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000034957**

1. Corporation Name

**RS IMPORTS, INC.**

Principal Place of Business

Mailing Address

~~708 COMMERCE WAY WEST~~  
~~JUPITER FL 33458~~

~~708 COMMERCE WAY WEST~~  
~~JUPITER FL 33458~~

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

2. New Principal Office Address, If Applicable

1092 JUPITER PARK LN

Suite, Apt. #, etc.

130

City & State  
JUPITER FL

Zip  
33458

Country  
U.S.A

3. New Mailing Office Address, If Applicable

1092 JUPITER PARK LN

Suite, Apt. #, etc.

130

City & State  
JUPITER FL

Zip  
33458

Country  
U.S.A

4. Date Incorporated or Qualified  
To Do Business in Florida

04/28/1995

5. FEI Number

65-0593127

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	NOBLE, RYAN	<del>708 COMMERCE WAY WEST</del>	<del>JUPITER FL 33458</del>
	<u>NOBLE, RYAN</u>	<u>1092 JUPITER PARK LN.</u>	<u>JUPITER FL 33458</u>

8. Name and Address of Current Registered Agent

**MALLORY, EARL K ESQUIRE**  
**1907 COMMERCE LANE**  
**STE 104**  
**JUPITER FL 33458**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

**FL**

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

Date 10-23-03

REGISTERED AGENT MUST SIGN

11. 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

Daytime Phone #

561-243-6449

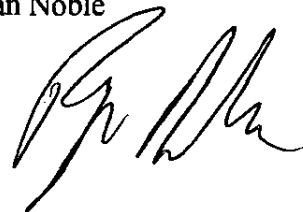
CR2E040 (7/03)

R.S.Imports  
1092 Jupiter park lane suit 130  
Jupiter, FL 33458

To: Florida Department of State

To our knowledge we did not receive any notification prior to this document on 10-10-03 for our renewal. Enclosed is a check for \$150.00 please we would like to ask if you can wave the late fee. If any questions or concerns please call 561-743-6441. Thank you.

Sincerely,  
Ryan Noble

A handwritten signature in black ink, appearing to read 'Ryan Noble', is written over the printed name.