

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED

97 FEB 21 AM 9:51

Read Instructions on Other Side Before Making Entries
Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # P95000088631

R & F Real Estate Holdings, Inc.
600 N.E. 36th Street
Ph 2
Miami, Florida 33137

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address SECRETARY OF STATE
TALLAHASSEE, FLORIDA

City and State Zip Code

3. If Principle Office Address is different from mailing address, enter address below:

Address

City and State Zip Code

REINSTATEMENT
mwb 96-97

4. Date Incorporated or Qualified
To Do Business in Florida
11/20/95

5. FEI Number

FEI Number Applied For

FEI Number Not Applicable

6. \$8.75 Additional Fee required
for a Certificate of Status

CERTIFICATE OF STATUS DESIRED ☐

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
Pres.	Edwin M. Rosenthal O.	600 N.E. 36th Street Ph 2	Miami, Florida 33137
V. Pres.	Hector Ramos	same as above	
Sec.	Norma Rosenthal	same as above	
Treas.	Hector Ramos	same as above	
			100002096691--6 02/25/97 01070-007 ****915.00 ****915.00

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

Frank J. Segredo, Esquire
901 Ponce de Leon Blvd.
Suite 701
Coral Gables, Florida 33134

9. If changed, new registered agent / office

Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City

State

Zip

FL.

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

REGISTERED AGENT MUST SIGN

Date

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

13. 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

Date

Daytime Phone #

Typed or printed name of signing officer or director

CR2040 (6/92)