

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

6

APPLICATION

FLORIDA DEPARTMENT OF STATE

FOR

Katherine Harris

REINSTATEMENT

Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 24 AM 10:41

DOCUMENT # P96000018801

1. Corporation Name

RIMAR CONSULTING GROUP, INC.

Principal Place of Business

Mailing Address

1382 SOUTHWEST 178TH WAY  
PEMBROKE PINES FL 33029

1382 SOUTHWEST 178TH WAY  
PEMBROKE PINES FL 33029



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

02/29/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0647246

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	4 City / State / Zip
PTD	VILLIAN, JEAN-MARC	1382 SOUTHWEST 178TH WAY	PEMBROKE PINES FL 33029
VP	VILLAIN, RITA	1382 SOUTHWEST 178TH WAY	PEMBROKE PINES FL 33029

300003455363--3  
-11/07/00--01080--012  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VILLAIN, JEAN-MARC  
1382 SOUTHWEST 178TH WAY  
PEMBROKE PINES FL 33029

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.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/18/00

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Marc Villain 10/18/00

ACCOUNTING

BOOKKEEPING

TAX SERVICES

CONSULTATION

7001 Biscayne Blvd. 1st Floor • Miami, FL 33138

Phone (305) 751-1226

FAX (305) 751-1291

October 19, 2000

Department of State  
Division of Corporations  
409 East Gaines St.  
Tallahassee, FL 32399

Attn.: Division of Corporations;

This is to inform you that we are the Accountant of records for **RIMAR, INC.** with document number P96000018801 and back in April of 2000 we did mail the current Annual report with the required fee; apparently every thing must have gotten lost in the mail, since we have received this administrative dissolution.

Enclosed is a new check together with a signed copy of the annual report. And, since the mailed has proven unreliable in the past we are mailing this one as certified mail.

Thank you for your understanding .



Pierre Charles  
Comprehensive Business Services