

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000072085

1. Corporation Name

RCG. TECHNOLOGIES, INC.

FILED

98 DEC 17 PM 12:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

10655 N.W. 29TH TERR
MIAMI FL 33172
US

10655 N.W. 29TH TERR
MIAMI FL 33172
US

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

REINSTATEMENT

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/29/1996	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0733025	
Country		Country		Applied For	
				Not Applicable	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
<input checked="" type="checkbox"/>	CUNHA, CLOVIS B-	10655 N.W. 29TH TERR	MIAMI FL-
O/P/T	Emilio Ruiz	10655 NW 29TH TERR	Miami Fla
O/P/S	Cristina Ruiz	10655 NW 29th TERR	Miami, Fla.
			500002719435--1 -12/22/98--01076--035
			500002719435--1 -12/22/98--01076--035
			****750.00 ****750.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
KONDLA, RICHARD E. 12501 N KENDALL DR, SIDE SUITE MIAMI FL 33186		Name: William Garcia, Garcia & Avellan, P.A. Street Address (P.O. Box Number is Not Acceptable): 201 ALHAMBRA Circle, Suite 500 Suite, Apt. #, Etc.: CORAL GABLES, City: State: FL Zip Code: 33134	

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]* **REQUIRE REQUIRED** Date: 12/17/98

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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)(l), 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]* **REQUIRE REQUIRED** Date: 12/17/98 Daytime Phone #: 463-2280

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR