PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State **DIVISION OF CORPORATIONS**

P96000081004 DOCUMENT #

1. Corporation Name

RLG MANAGEMENT GROUP CO.

SIGNATURE:

03 OCT 21 AH 10: 19

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal	Place of Business	Mailing Add	iress					
			DLANDS WAY BEACH FL 33442		REINSTATEMENT 63			
If above	o addrosses are incorrect in any way, lin	e through incorrect	information and enter	correction below.	REINS	STAILEN		3
If above addresses are incorrect in any way, line through incorrect information and ent New Principal Office Address, If Applicable 3. New Mailing Office Address, HONNOLING GUY OF INTRODUCTION					Date Incorporated or Qualified To Do Business in Florida 09/30/1996			
Suite, Apt. #, etc. City & State		Suite, Apt.	Suite, Apt. #, etc. City & State		5. FEI Number			Applied For Not Applicable
		City & State						
Zip	Country	Zip	Count	гу	6. CERTIFICATE	OF STATUS DESIRED		tional Fee required tificate of Status
7. Name	es and Street Addresses of Each Officer	and/or Director (FI	lorida nonprofit corpor	ations must list at lea	ast 3 directors)			
Title(s) Name of Officers and/or Directors			Street Address of Each Officer and/or Director		City / State / Zip			
P	GREEN, RICHARD L		2142 WOODLANDS WAY			DEERFIELD BEACH FL 33442		
					10/21/	002396 03010610	010 **150).00
8. Name and Address of Current Registered Agent			gent	9. Name and Address of New Registered Agent				
GREEN, RICHARD 2142 WOODLANDS WAY DEERFIELD BEACH FL 33442			Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code				ode St. Co.	
Signatur	re of red Agent	V	poration, am familiar v	vith and accept the o	obligations of Sect	Date		
11.1 cert	tify that I am an officer or director or the reinstatement application, the reason for	receiver or trustee dissolution has bee	empowered to execute en eliminated, the corp	e this application as porate name satisfies	provided for in cha the requirements	apter 607 or 617, F.S. of section 607.0401 o	I further certify the formal of the formal o	nat when filing ., 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.

	10/14/200)
	To whom I may concern,
	PLEASE ADDRESS FUTURE MOILINGS TO
	RLG MANAGEMENT GOUND CO GO RICHAM GRAAM
	I DID Not Recieve THIS FORM.
	THANK you very much
	RICHAMO GRAGE
11	
413	