

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000071854

1. Corporation Name

R & G Group International, Inc.

2. Principal Office Address

605 Hawaii Avenue

Suite, Apt. #, etc.

City & State

Torrance, CA

Zip

90504

Country

U.S.A

3. Mailing Office Address

605 Hawaii Avenue

Suite, Apt. #, etc.

City & State

Torrance, CA

Zip

90504

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

8/18/1997

5. FEI Number

593466643

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

RICHARDSON J. DOYLE

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

9554 KEVIN ROAD

Suite, Apt. #, Etc.

City

JACKSONVILLE

State
FL

Zip Code

32257

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

RJ Doyle

Date

2/23/06

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
V/S/CFO/D	GEORGE VALEV	605 HAWAII AVENUE	TORRANCE, CA 90504
P/CEO/T/D	RICHARDSON J. DOYLE	9554 KEVIN ROAD	JACKSONVILLE, FL 32257

10. 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 contained in Chapter 119, 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:

G. Valen

GEORGE VALEV

(310) 212-1333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

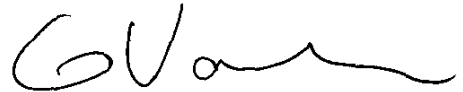
Daytime Phone #

February 23, 2006

Dear Sir,

Please accept the enclosed \$450 check for the reinstatement of our corporation. Since 2004 we did not receive any annual report or any other notification to dissolve our corporation. Please also waive the reinstatement fee. If you have any questions please call me at (800) 836-0040 x1020

Sincerely,

A handwritten signature in black ink, appearing to read 'GValev', with a long horizontal flourish extending to the right.

George Valev