

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

998-2005 Reinst

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 AUG -9 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000083469

1. Corporation Name
RSM Santa Fe Corp.

2. Principal Office Address
243 NE 5TH AVENUE

Suite, Apt. #, etc.

City & State
DELRAY BEACH, FL

Zip
33483

Country
USA

3. Mailing Office Address
243 NE 5TH AVENUE

Suite, Apt. #, etc.

City & State
DELRAY BEACH, FL

Zip
33483

Country
USA

900058386119
08/09/05--01028--015 **1800.00

**4. Date Incorporated or Qualified
To Do Business in Florida** SEPTEMBER 26, 1997

5. FEI Number 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
R. SCOTT MORRISON, JR.

Street Address (P.O. Box Number is Not Acceptable)
243 NE 5TH AVENUE

Suite, Apt. #, Etc.

City
DELRAY BEACH

State FL **Zip Code** 33483

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**
REGISTERED AGENT MUST SIGN

Date 7-29-05

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
D/P/S/I	R. SCOTT MORRISON, JR.	243 NE 5TH AVENUE	DELRAY BEACH, FL 33483

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 7-29-05 **Daytime Phone #**