

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



99-00
FLORIDA DEPARTMENT OF STATE
Kathleen Harris
Secretary of State
DIVISION OF CORPORATIONS
WBR

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR - 11 AM 10:25

DOCUMENT # P98000078266

1. Corporation Name

RARE COINS Plus, Inc

2. Principal Office Address

10714 NW 21st St

Suite, Apt. #, etc.

3. Mailing Office Address

10714 NW 21st St

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL

City & State

CORAL SPRINGS, FL

Zip

33071

Country

USA

Zip

33071

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

9-98

5. FEI Number

650875650

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

RICHARD CARBALLO

500003208175-9

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

10714 NW 21st St

04/13/00-01120-017
****550.00 ****550.00

Suite, Apt. #, Etc.

City

CORAL SPRINGS

State

FL

Zip Code

33071

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

Richard Carballo

REGISTERED AGENT MUST SIGN

Date

4.4.00

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
PRES	RICHARD CARBALLO	10714 NW 21st ST.	CORAL SPRINGS, FL 33071
			AD

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:

Richard Carballo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD CARBALLO

Date

4.4.00

Daytime Phone #

954-341-9695