

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR 22 AM 7:52

DOCUMENT # P980000093251

1. Corporation Name

RFR Expert

2. Principal Office Address

10920 Pines Blvd.

Suite, Apt. #, etc.

City & State

Pembroke Pines

Zip

33026

Country

BROWARD

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

REINSTATEMENT 01-02

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59 3559253

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

Keith O. Fleischer

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

10920 Pines Blvd.

Suite, Apt. #, Etc.

700005205307-4

-04/08/02--01055--023

*****900.00 *****900.00

City

Pembroke Pines

State

FL

Zip Code

33026

CR2E081 (9/01)

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

[Signature]

Date 2/7/02

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
Pres.	<u>Keith O. Fleischer</u>	<u>10920 Pines Blvd, Pemb Pines</u>	<u>Pemb. Pines, FL 33026</u>
V.P.	<u>" " "</u>	<u>" " "</u>	<u>" " "</u>

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] Keith O. Fleischer

2/7/02
Date

954-392-1800
Daytime Phone #