

JAN. 10. 2006 4:05PM

CAPITAL CONNECTION

NO. 3356 P. 1

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JAN 11 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDADOCUMENT # P99000047749

1. Corporation Name

R.G. Global, Inc.REINSTATEMENT 00-06

2. Principal Office Address

1195 NE 125 St.

Suite, Apt. #, etc.

3. Mailing Office Address

1195 NE 125 St.

Suite, Apt. #, etc.

City & State

North Miami, Florida

City & State

North Miami, FL

Zip

33161

Country

USA

Zip

33161

Country

USA4. Date Incorporated or Qualified
To Do Business in Florida5/26/1999

5. FEI Number

65-0925067

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

Rolando A. Gambia, JR.

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

13150 Biscayne Bay Terrace

Suite, Apt. #, Etc.

City

North Miami

State

FL

Zip Code

33181

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 1/10/06

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
MNBR	Rolando A. Gambia JR	13150 Biscayne Bay Terr.	North Miami, FL 33181

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

1/10/06

Daytime Phone #

CR2001 (01/05)