

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUN 19 AM 10:31

DOCUMENT # P99000050378

1. Corporation Name

R & L SERVICES SPECIALISTSCORP.

2. Principal Office Address

8025 SW 149TH AVENUE

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33193

Country

USA

3. Mailing Office Address

8025 SW 149TH AVENUE

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33193

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0925199

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

IGNACIO DELFIN

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

8025 SOUTHWEST 149TH AVENUE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33193

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]
REGISTERED AGENT MUST SIGN

Date JUNE 13 2001

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
PSTD	IGNACIO DELFIN	8025 SW 149TH AVENUE	MIAMI FL 33193

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

JUN 13 2001

Daytime Phone #

CR2081 (9/00)

EDEA & ASSOCIATES SERVICES GROUP, INC.

4445 WEST 16TH AVE • SUITE 502 • HIALEAH, FL 33012

MAY 16, 2001

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FL 32314

ATTN: SEAN TONER – SENIOR SECTION ADMINISTRATOR

REFERENCE: R & L SERVICE SPECIALISTS CORP.
REFERENCE NUMBER: P99000050378
YOUR LETTER NUMBER: 701A00028249

DEAR MR. TONER,

IN REPLY TO YOUR LETTER DATED MAY 10, 2001, PLEASE BE ADVISED
THAT WE NEVER RECEIVED THE 2000 UNIFORM BUSINESS REPORT.

ENCLOSED YOU WILL FIND THE COMPLETED REPORT ALONG WITH \$300.00
FOR REINSTATING THE ABOVE CORPORATION AND THANK YOU FOR
WAIVING THE \$600.00 REINSTATEMENT FEE.

SINCERELY,



IGNACIO DELFIN
PRESIDENT OF
R & L SERVICE SPECIALISTS CORP.

ENCL.