

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000056533

1. Corporation Name

R & M Investment Corp. of Miami

115 Ponce de Leon

100043300141
12/09/04--01026--006 **300.00

2. Principal Office Address

115 Ponce de Leon

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33135

Country

USA

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number
65-0931721

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

Carlos Martinez

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

7301 S.W. 122 Court

Suite, Apt. #, Etc.

City

Miami,

State

FL

Zip Code

33183

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

Carlos Martinez

Date

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
PT	Reyes, Ruben D	7930 S.W. 120 Place	Miami, FL 33123
VS	Martinez, Carlos	7301 S.W. 122 Court	Miami, FL 33183

800042607928
11/09/04--01068--020 **150.00

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

Daytime Phone #

10/28/04

CR2E081 (01/04)

2 of 2
GREENWALD GLAUSER & ROSS, P.A.

Certified Public Accountants

(305) 931-1265
FAX (305) 931-4158

November 15, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: R & M Investment Corp of Miami
Document # P99000056533

To Whom It May Concern:

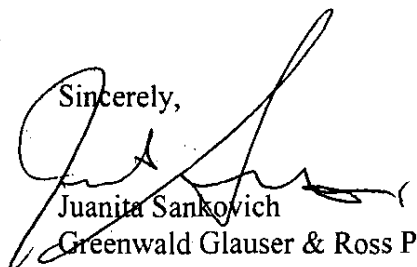
As per my conversation today with one of your representatives, I am enclosing an additional \$300.00 for the reinstatement of the above mentioned client. My client never received the original UBR Form for the year 2002. I was told all penalties will be waived.

You have already received the original Corporate Reinstatement form with a check for \$150.00, which was cashed on November 9th, so this is the balance due. Please find enclosed a copy of the reinstatement form with a copy of the cancelled check.

If you need any additional information, please feel free to contact me at (305) 931-1265.

Thanking you in advance.

Sincerely,



Juanita Sankovich
Greenwald Glauser & Ross P.A.