

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE



FOR REINSTATEMENT

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -4 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000095237

1. Corporation Name

RRAD SIGN-AGE CORP.

Principal Place of Business

Mailing Address

8018 NW 103RD STREET
HIALEAH GARDENS FL 33016

8018 NW 103RD STREET
HIALEAH GARDENS FL 33016

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/27/1999

5. FEI Number

65-0958458

Applied For

Not Applicable

6. (

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	CURBELO, ADRIAN	530 WEST 79TH STREET	HIALEAH FL 33014
D	CURBELO, ROBERTO	530 WEST 79TH STREET	HIALEAH FL 33014

8. Name and Address of Current Registered Agent

CURBELO, ADRIAN
8018 NW 103RD STREET
HIALEAH GARDENS FL 33016

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10-25-02

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-25-02

CR2040 (8/02)

RRAD Sign-Age Corp

8018 NW 103 St
Hialeah Gardens, FL 33016

October 29, 2002

Re: Document # P99000095237

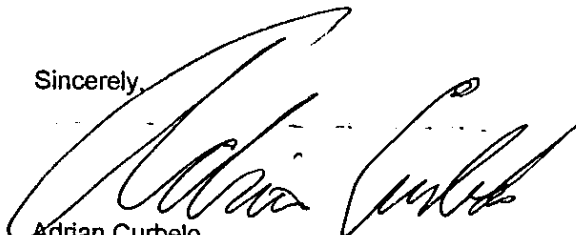
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

In the month of April of this year, a check for the amount of \$150.00 was sent as a payment for the Business Renewal form. Apparently, the check was not filled out completely or what not, and it was returned along with a letter stating that the check could not be processed because it was not filled out completely. In response to this letter, another check dated June 16, 2002 with the check number of 1001 was sent for the amount of \$150.00 filled out in its entirety. Once again, we received the same notice stating that the check was not correctly filled out, but there was no reference made to any specific check number, or any cancelled check returned.

Of course, we called on more than one occasion to clarify the situation. The second time that we called your department, it was understood that there no longer was a problem and that the payment had been received. Recently we received a Notice of Administrative Dissolution or Revocation because supposedly no payment was received. We are asking that the late fee of \$600.00 be waived due to the circumstances stated above, and because we have not received neither of the two checks that were sent in and cancelled. Regardless, enclosed you will find another check for \$150.00 along with the Application for Reinstatement provided. If you have any questions, please feel free to contact us at 305-819-7723 Monday through Friday from eight a.m. to six p.m. E.T. Thank you in advance for your consideration.

Sincerely,



Adrian Curbelo
President