

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10P2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

05 DEC 15 PM 3:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 999000105016

1. Corporation Name

RGM group, inc.

2. Principal Office Address

1830 SW 2 CT

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip 33129

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/03/99

5. FEI Number

661012452

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee required  
for a Certificate of Status.

**REINSTATEMENT**

205

**7. Name and Address of Current Registered Agent**

Name

MARIO A. RODRIGUEZ

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

2150 SW 16 Ave

Suite, Apt. #, Etc.

# 104

City

Miami FL 33145

State

FL

Zip Code

33145

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

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
<u>P</u>	<u>MARIO A. RODRIGUEZ</u>	<u>2150 SW 16 AVE. APT 104</u>	<u>Miami FL 33145</u>

500062586495

01/04/06 01001 017 \*\*600.00

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)(f), 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] MARIO A. RODRIGUEZ  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/14/05

Daytime Phone #

@. Mitchell DEC 15 2005

Miami, December 14, 2006.

2082

DIVISION OF CORPORATION

Dear Sir:

I will appreciate very much if you received and accept our payment in the amount of \$ 600.00 AS payment of the CORPORATION UNIFORM BUSINESS Report of my company.

AS you can see we moved our office to 1830 SW 2ct, miami, FL 33145, and I never received my annual report.

Sincerely



MARIO A RODRIGUEZ  
PRESIDENT/DIRECTOR