

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

11 OCT 13 PM 4:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #S03471

1. Corporation Name

R & M HERMAN ENTERPRISES

2. Principal Office Address - No P.O. Box #

2750 NE 183 ST

Suite, Apt. #, etc.

#803

City & State

AVENTURA

Zip

33160

Country

USA

3. Mailing Office Address

2750 NE 183 ST

Suite, Apt. #, etc.

#803

City & State

FLORIDA

Zip

33160

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0219333

☐ 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

RUTH HERMAN

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

2750 NE 183 STREET

Suite, Apt. #, Etc.

#803

City

AVENTURA

State

FL

Zip Code

33160

700213279557
10/13/11--01001--007 **750.00

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

Ruth Herman

Date **10/07/2011**

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
P	MICHAEL HERMAN	2750 NE 183 ST., #803	AVENTURA, FL 33160
VP	RUTH HERMAN	2750 NE 183 ST., #803	AVENTURA, FL 33160
S	DAVID HERMAN	2750 NE 183 ST., #803	AVENTURA, FL 33160

10. E-mail Address: **dhgobean@gmail.com**

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Ruth Herman

11/07/2011 305-792-0224

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/13/2011