

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S16310**

1. Corporation Name

R.C. NEWMAN ENTERPRISES, INC.

FILED

97 JAN 16 PM 12: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**2757 SW 10 DR
DEERFIELD BEACH FL 33442**

**2757 SW 10 DR
DEERFIELD BEACH FL 33442**



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

4. Date Incorporated or Qualified
To Do Business in Florida

12/05/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0298962

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

33442

Broward

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PSD	NEWMAN, GLEN	2757 SW 10 DR	DEERFIELD BEACH FL
VTD	NEWMAN, CELESTE	2757 SW 10 DR	DEERFIELD BEACH FL
			400002084544-2 -01/22/97-01/01-013 ***375.00 ***375.00

REINSTATEMENT

96
1/10/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**NEWMAN, GLEN
2757 SW 10 DR
DEERFIELD BEACH FL 33442**

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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.

Signature of
Registered Agent:

Celeste Newman

REGISTERED AGENT MUST SIGN

Date **12-27-96**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

Celeste Newman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-27-96 954-420-0615

CR2E040 (7/96)