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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 NOV 14 AM 11:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make Check Payable To

1. Name and Mailing Address of Corporation: DOCUMENT # S33518

R.F. COMPONENTS, INC.
5193 N.W. 74 AVE.
MIAMI, FL. 33166-5500

2. If Address is different than entered in 1, enter the correct address below:
Address
City and State Zip Code

3. If Principle Office Address is different from mailing address, enter address below:
Address
City and State Zip Code

4. Date Incorporated or Qualified To Do Business in Florida	5. FEI Number		6.
02/20/91	65-0244546	FEI Number Applied For ☐ / FEI Number Not Applicable ☐	CERTIFICATE OF STATUS DESIRED ☐

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
PD	ZAPATA, WALTER	4890 N.W. 102 AVE.	MIAMI, FL. 33178

REINSTATEMENT 96

200002009402--3
-11720/96--01021--019
****375.00 ****375.00

11-18-96

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

9. If changed, new registered agent / office
Name: GARCIA, AMADO
Street Address (Do NOT Use P.O. Box Number): 9500 S. DADELAND BLVD.
Street Address (Do NOT Use P.O. Box Number): SUITE# 705
City: MIAMI | State: FL. | Zip: 33156

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 _____ Date 11/6/96
REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

13. 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. 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 of Officer or Director _____ Date 11/6/96 Daytime Phone # 305-592-7289

Typed or printed name of signing officer or director WALTER ZAPATA

CR2E040 (8/95)