

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **S40077**

1. Corporation Name

R.P.T.'S AND ASSOCIATES, INC.

Principal Place of Business

Mailing Address

7241 S.W. 63RD AVE

7241 S.W. 63RD AVE

MIAMI FL 33133

MIAMI FL 33133

*SUITE 204
South Miami FL 33143-4838*

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

03/22/1991

5. FEI Number

65-0263767

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSD	VILLANUEVA, FE	7241 S.W. 63RD AVE	MIAMI FL 33133
VTD	RODRIGUEZ, OLGA	7241 S.W. 63RD AVE	MIAMI FL 33133

800004668908--1

-11/06/01--01046--024

***150.00 ***150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

METSCH, BENJAMIN R
1455 N.W. 14TH ST
MIAMI FL 33125

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.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/12/01

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

10-12-01

Date

Daytime Phone #

(305) 279-6140

CR25040 (8/01)

RPT's and Associates, Inc.

7241 SW 63rd Avenue Suite 204 South Miami, FL 33143-4838

2012

October 12, 2001

Re: Document # S40077

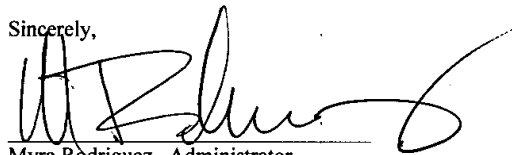
Please be advised that the address you have on record for our company is incomplete. This form was brought up to our office from our neighbor in the building next door and we have not received anything previous to this. I spoke to someone in your office today and was advised to complete this letter and send the following fee.

Please document our correct address and let us know if you need any additional information from us.

RPT'S AND ASSOCIATES, INC.
7241 S.W. 63 AVE
SUITE 204
SOUTH MIAMI, FL 33143

If you should have any questions please feel free to contact me @ 305-279-6100.

Sincerely,



Myra Rodriguez, Administrator