

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 28 PM 12:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **S40077**

1. Corporation Name

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

2. Principal Office Address

7241 SW 63rd Ave

3. Mailing Office Address

Suite, Apt. #, etc.

Suite 204

Suite, Apt. #, etc.

City & State

South Miami, Florida

City & State

Zip

33143

Country

Zip

Country

**REINSTATEMENT**

03

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. Name and Address of Current Registered Agent**

Name

ATER Registered Agents, LLC

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

2601 S. Bayshore Drive

Suite, Apt. #, Etc.

Suite 600

City

Coconut Grove

State

FL

Zip Code

33133

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

*BDN*

Date 10/17/03

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
PSD	Villanueva, Fe	7241 SW 63rd Ave	Miami, Florida 33133
VTD	Rodriguez, Olga	7241 SW 63rd Ave	Miami, Florida 33133

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)(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:

*Fe Villanueva*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/17/03

Date

Daytime Phone #

CR2E081 (10/02)

10/17/03