04/02/1999 24:10 CCRS → 15616157251 NO.190 002

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

99 APR -2 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V00783

1. Corporation Name
RPG OF BROWARD, INC.

Principal Place of Business / Mailing Address
2500 N. MILITARY TRAIL
WEST PALM BEACH, FL. 33409

REINSTATEMENT 4-1-99

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable
Suite, Apt. #, etc.
City & State
Zip / Country

3. New Mailing Office Address, if Applicable
Suite, Apt. #, etc.
City & State
Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 1993

5. FEI Number: 65-0315880 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required

7. Names and Street Addresses of Each Officer and/or Director (Florida non-profit 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 (Do NOT use Post Office Box Numbers) 3	City / State / Zip 4
PRES	MICHAEL GORDON	9799 NW 46TH MANOR	COOPER CITY, FL 33328

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***1058.75 ***1058.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent
Name: CorpDirect Agents
Street Address (P.O. Box Number is Not Acceptable): 103 N. Meridian Street, Lower Level
Suite, Apt. # / etc.
City: Tallahassee
State: FL
Zip Code: 32301

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: Cynthia A. Hicks Its Agent: Cynthia A. Hicks
REGISTERED AGENT MUST SIGN
Date: 4/2/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☑ No ☐ (See other side for information on intangible tax.)

12. I certify that I am an officer or director of 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: Michael Gordon 4/1/99 521-615-7101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E061 (12/96)