

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Jim Smith Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V35203

1. Corporation Name

R & R ACCOUNTING AND TAX SERVICES, INC.

Principal Place of Business

256 NW 42 AVE
STE 312
MIAMI FL 33126
US

Mailing Address

256 NW 42 AVE
MIAMI FL 33126
US

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

05/11/1992

5. FEI Number

65-0331531

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DPTV	TRUJILLO, ROLANDO	256 NW 42 AVE	MIAMI FL 33126

8. Name and Address of Current Registered Agent

TRUJILLO, ROLANDO
256 NW 42 AVE
MIAMI FL 33126

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of
Registered AgentSIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 5-14-2002

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

H030001940763

PREPARED BY
ROLANDO TRUJILLO
256 N.W. 42 AVE
MIAMI FL 33126

Date

Daytime Phone #

05/14/2003 AY

91 shs