

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # V55768

1. Corporation Name

R. J. MORALES & ASSOCIATES, INC.

2. Principal Office Address - No P.O. Box #

15715 S. DIXIE HWY

Suite, Apt. #, etc.

SUITE 312

City & State

MIAMI FL

Zip

33157

Country

US

3. Mailing Office Address

15715 S. DIXIE HWY

Suite, Apt. #, etc.

SUITE 312

City & State

MIAMI FL

Zip

33157

Country

US

**7. Name and Address of Current Registered Agent**

Name

RAFAEL BURGOS

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

15715 S. DIXIE HWY.

Suite, Apt. #, Etc.

SUITE 312

City

MIAMI

State

FL

Zip Code

33157

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

Rafael Burgos

REGISTERED AGENT MUST SIGN

Date 7-12-07

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
PD	RAFAEL BURGOS	15715 S. DIXIE HWY #312	MIAMI, FL. 33157

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 contained in Chapter 119, 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:

Rafael Burgos  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-12-07

Date

Daytime Phone #

FILED

07 JUL 20 PM 12:02

OFFICE OF STATE  
CLERK, FLORIDA

100106624421

07/24/07--01018--021 \*\*1650.00

REINSTATEMENT 01-07

CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

08-06-1992

5. FEI Number

650349111

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

2-7/20