

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVAL
FILED


03 JUL 18 PM 6:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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08/01/03--01004--019 **708.75

REINSTATEMENT 00-03

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F97000005751**
1. Corporation Name
Reliable Financing Services, Ltd., Inc.

2. Principal Office Address 4200 Baychester Avenue		3. Mailing Office Address 4200 Baychester Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Bronx, NY		City & State Bronx, NY	
Zip 10466	Country Bronx	Zip 10466	Country Bronx

4. Date Incorporated or Qualified To Do Business in Florida 10/31/1997	
5. FEI Number 13-397-3585	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name **Hyacinth Allen**

Street Address (P.O. Box Number is Not Acceptable) **2657 South East Ruffin Terrace**

Suite, Apt. #, Etc.

City **Port Saint Lucie** State **FL** Zip Code **34952**

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 *Hyacinth Allen* Date **7/14/03**

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
P	Herbert Allen Jr.	4200 Baychester Avenue	Bronx, NY 10466

08/21/00 90206 0316 \$500.00

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: *Herbert Allen Jr.* Date **7/11/03** Daytime Phone # **718-325-9405**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)