

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 03 SEP 10 AM 8:00

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # H90962

1. Corporation Name  
 4287 North Atlantic Avenue, Inc.

2. Principal Office Address 265 S. Federal Hwy Suite, Apt. #, etc. #290 City & State Deerfield Beach, FL Zip 33441 Country USA		3. Mailing Office Address 265 S. Federal Hwy Suite, Apt. #, etc. #290 City & State Deerfield Beach, FL Zip 33441 Country USA	
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**REINSTATEMENT 00-03**

4. Date Incorporated or Qualified To Do Business in Florida 12/20/85

5. FEI Number 59-2685455 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

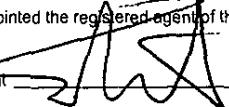
Name Eric P. Platero

Street Address (P.O. Box Number is Not Acceptable) 265 S. Federal Hwy. #290

Suite, Apt. #, Etc. #290

City Deerfield Beach State FL Zip Code 33441

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.

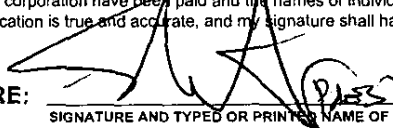
Signature of Registered Agent  Eric P. Platero Date 9/8/03

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
PTD	Eric P. Platero	265 S. Federal Hwy #290	Deerfield Beach FL 33441
S	Bon Abeles	4287 N. Atlantic Ave.	Coconut Beach FL 32920

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:  Eric P. Platero Date 9/8/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 561-391-1211

CR2E081 (10/02)



**4287 NORTH ATLANTIC AVENUE  
D/B/A R & Z RENTALS**

September 8, 2003

Secretary of State  
Division of Corporations  
Attn: Reinstatement Dept.  
PO BOX 6327  
Tallahassee, Florida 324314

Re: Document No. H90962

To Whom It May Concern:

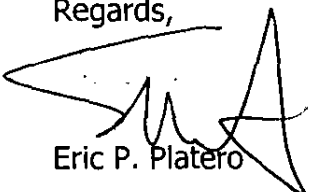
Please find enclosed our check number 3350 in the amount of Six Hundred Dollars (\$600.00) along with the application for reinstatement of the above mentioned Corporation.

We are requesting that you waive the Six Hundred Dollar (\$600.00) reinstatement fee due to the fact that we never received the filing form back in 2000. Upon speaking to one of your agents, we were informed that you had an incorrect address and the form was returned to your office.

Upon receipt of our application and check, please reinstate our Corporation and change our mailing address appropriately.

Thank you for your assistance, please call us at (561) 391-1211 if you have any further questions.

Regards,

  
Eric P. Platero