

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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AND
FILED

03 APR -2 AM 4:19

DOCUMENT # P00000019788

1. Corporation Name

R MINK FINANCIAL SERVICES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address		3. Mailing Office Address	
10226 MILLPORT DR.		10226 MILLPORT DR.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
TAMPA, FL		TAMPA, FL	
Zip	Country	Zip	Country
33626-1704	USA	33626-1704	USA

200018670412
05/09/03--01021--002 **150.00

2001-2003 UBR

4. Date incorporated or Qualified To Do Business in Florida	
02/25/2000	
5. FEI Number	Applied For
59-3627017	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
\$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name		
SPIEGEL & UTRERA, P.A.		
Street Address (P.O. Box Number is Not Acceptable)		
1840 Southwest 22nd Street, 4th floor		
Suite, Apt. #, Etc.		
City	State	Zip Code
Miami	FL	33145

200018670412
05/09/03--01021--003 **300.00

8. I, being appointed the registered agent for the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

By [Signature]
REGISTERED AGENT MUST SIGN

Date

1/27/03

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	CHERIE MINKOVITZ	10226 MILLPORT DR.	TAMPA, FL 33626-1704

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:

Cherie Minkovitz Cherie Minkovitz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-2-02

Daytime Phone #

8138862664