

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000078506

1. Corporation Name
**RELIABLE FINANCIAL SERVICES OF TARPON SPRINGS,
INC.**

Principal Place of Business 40347 US 19 N., STE. 136 TARPON SPRINGS FL 34689	Mailing Address 3681 GREEN ROAD STE. 402 BEACHWOOD OH 44122
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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

FILED
97 NOV 20 PM 12:36
SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT 9700



4. Date Incorporated or Qualified To Do Business in Florida	10/24/1994
5. FEI Number	34-1774342
Applied For	
Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	KLINE, STANLEY	3681 GREEN ROAD, #402	BEACHWOOD OH 44122
VT	LONDON, STUART	3681 GREEN ROAD, #402	BEACHWOOD OH 44122
S	RAUCKHORST, JOHN	6195 SEASIDE DR.	NEW PORT RICHEY FL 34652

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****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RAUCKHORST, JOHN 6195 SEASIDE DR. NEW PORT RICHEY FL 34552	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.

Signature of Registered Agent: *John Rauckhorst* Date: **11/15/97**
THE REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

(See other side for information on intangible tax.)

12. 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: *Stuart Gordon* Date: **11-15-97** Daytime Phone #: **(216) 591-718**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CORP-607 (8/97)