

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 00 OCT 20 PM 12:44
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # P97000104020

1. Corporation Name

RLK, INC.

Principal Place of Business

Mailing Address

217 N.E. 32 COURT
 FORT LAUDERDALE FL 33334

217 N.E. 32 COURT
 FORT LAUDERDALE FL 33334

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



4. Date Incorporated or Qualified To Do Business in Florida **12/10/1997**

5. FEI Number **65-0803274**

6. CERTIFICATE OF STATUS DESIRED \$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	4 City / State / Zip
P	KAMINER, RAPHAEL	2022 NW 19TH WAY	BOCA RATON FL 33431
VP	KAMINER, LILLIAN	2022 NW 19TH WAY	BOCA RATON FL 33431

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~~11/07/00-01090-031~~
 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KAMINER, LILLIAN E ESQ
 217 NE 32ND COURT
 FT LAUDERDALE FL 33334

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
FL

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: Lillian E Kaminer Date 10/17/00
 REGISTERED AGENT MUST SIGN

11. 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: Lillian E Kaminer 10/17/00 (561)997-8678
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/00)

KE