

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 01 NOV -5 PM 12:49

DOCUMENT # **P99000025133**

1. Corporation Name
RNS GROUP, INC.

Principal Place of Business	Mailing Address
21311 NORTHEAST 23RD AVENUE MIAMI FL 33180-1007	21311 NORTHEAST 23RD AVENUE MIAMI FL 33180-1007



REINSTATEMENT 01

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable 16375 NE 23 AVE	3. New Mailing Office Address, If Applicable 16375 NE 23 AVE
Suite, Apt. #, etc. SUITE 202	Suite, Apt. #, etc. SUITE 202
City & State N. MIAMI BEACH	City & State N. MIAMI BEACH
Zip 33162	Country MAINE USA

4. Date Incorporated or Qualified To Do Business in Florida 03/19/1999	Applied For Not Applicable
5. FEI Number 65-0932705	
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	4 City / State / Zip
P	SUTNICK, ROBERT N	21311 NORTHEAST 23RD AVENUE	MIAMI FL 33180

000004698330--0
 -11/29/01--01049--017
 ***750.00 ***750.00

8. Name and Address of Current Registered Agent
SUTNICK, ROBERT N
21311 NORTHEAST 23RD AVENUE
MIAMI FL 33180-1007

9. Name and Address of New Registered Agent
 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 *Robert N. Sutin* Date 10/21/01
 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: *Robert N. Sutin* Date 10/21/01 305-919-9090
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (8/01)