

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<p>APPLICATION FOR REINSTATEMENT</p>		<p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>	
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DOCUMENT # S15987

1. Corporation Name
RELIABLE FINANCIAL GROUP, INC.

W97-5607

FILED

97 MAR 18 PM 12:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

95-97
MWB

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified To Do Business in Florida
12/04/1990

5. FEI Number **59-3039506**

	Applied For
	Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

Principal Place of Business
**2610 W. HILLSBOROUGH AV.
SUITE B
TAMPA FL 33614
US**

Mailing Address
**2610 W. HILLSBOROUGH AV.
SUITE B
TAMPA FL 33614
US**

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

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
DPT	CLARK, JAMES R.	8709 COBBLESTONE DR.	TAMPA FL
SV	BLACK, CLARENCE W.	4201 KENSINGTON AVE.	TAMPA FL
D	CLARK, CHERYL A.	8709 COBBLESTONE DR.	TAMPA FL

700002120807--2
-03/21/97-01094-015
***1088.75 ***1088.75

8. Name and Address of Current Registered Agent

**CLARK, JAMES R.
8709 COBBLESTONE DRIVE
TAMPA FL 33615**

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 *J.R. Clark* Date **3/6/97**

REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for Information on Intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

J.R. Clark Pres.

CFR2E040 (6/95)