PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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	STATEMENT	Se	EPARTMENT OF STATE cretary of State on OF CORPORATIONS		FILED		
DOCUMENT #P98000102926 1. Corporation Name RBS INDUSTRIES, INC.					SECRETANY OF MEATE TALLAHASSEE, FLORIDA		
5212 NW 67TH AVENUE LAUDERHILL, FL 33319				A			
•	Office Address V 67TH AVENUE	3. Mailing Office Address LAUDERHILL, FL 33319		REINSTATEMENT 03-04			
Suite, Apt. #	e, etc.	Suite, Apt. #, etc.		4. Date Incom	porated or Qualified		
City & State	RHILL, FLORIDA	City & State LAUDERHILL, FLORIDA		To Do Business in Florida 12/10/1998 5. FEI Number CEORD 1080			
Zip 33319	Country	Zip 33319	Country	65088108	OF STATUS DESIDED S8.	Not Applicable 75 Additional Fee required for a Certificate of Status	
		7 No.	ne and Address of Current Regist			or a Certificate of Status	
Street Address (P.O. Box Number is Not Acceptable) 5212 NW 67TH AVENUE Suite, Apt. #, Etc. City LAUDERHILL State City LAUDERHILL State State State State State Agant FL 33319 8. i, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN Date 9 2 4 0 4							
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)							
Titles	s Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / Sta	ate / Zip	
PRES	LEONARD W. TURNLEY		5212 NW 67TH AVENUE		LAUDERHILL, FLORIDA 33319		
				≘o 09/28/	00413903 0401018083	? 4 3 **908.75	
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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 filling 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR INSECTOR Date Date Daytime Phone #							