


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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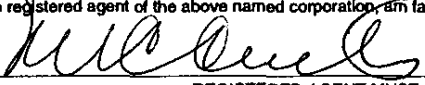
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 456009			
1. Corporation Name ST. RALPH DEVELOPMENT, INC.			
2. Principal Office Address 101 Crandon Blvd.		3. Mailing Office Address 101 Crandon Blvd.	
Suite, Apt. #, etc. #373		Suite, Apt. #, etc. #373	
City & State Key Biscayne FL		City & State Key Biscayne FL	
Zip 33149	Country USA	Zip 33149	Country USA

REINSTATEMENT 00-09

4. Date Incorporated or Qualified To Do Business in Florida 07/24/74	
5. FEI Number 522149627	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Maria del Carmen Cueto, ESQ.	
Street Address (P.O. Box Number is Not Acceptable) 717 Ponce de Leon Blvd.	
Suite, Apt. #, Etc. 234	
City Coral Gables	State FL
	Zip Code 33134

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.	
Signature of Registered Agent 	Date November 02, 2004
REGISTERED AGENT MUST SIGN	

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/Dir.	Ronald R. Amthor	101 Crandon Blvd #373	Key Biscayne FL 33149

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 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:  **RONALD R. AMTHOR** NOV. 2, 2004 805/361-0058
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #