

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAR 24 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F44934

1. Corporation Name

R.E.I. MANAGEMENT COMPANY, INC.

2. Principal Office Address

3250 Mary Street

Suite, Apt. #, etc.

Suite 306

City & State

Miami, Florida

Zip

33133

Country

US

3. Mailing Office Address

(same)

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

9/17/81

5. FEI Number

592230094

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Alan W. Levine

Street Address (P.O. Box Number is Not Acceptable)

1110 Brickell Avenue, 7th Floor

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33131

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 3/2/04

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-	Paul C. Steinfurth	3250 Mary St. #306	Miami, Fl. 3-3133

200031057702
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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 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:

Paul C. Steinfurth

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/10/04

Daytime Phone #

(305) 447-1307

CR2081 (10/02)