

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

APPROVED AND FILED

97 JUN 11 AM 11:17

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **F56205**

1. Corporation Name  
**RPS Realty Inc.**

Principal Place of Business Mailing Address

**2467 Pembroke Road  
 Suite 3  
 Hollywood, FL 33020**

**5722 S. Flamingo Road  
 Suite 298  
 Cooper City, FL 33330**

**REINSTATEMENT 96-97**  
*A. Alan*

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1979 <i>6/11/97</i>	
City & State		City & State		5. FEI Number	
Zip		Country		<i>59-2272432</i>	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$3.75 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
<i>P</i>	<i>RONNIE SIEGEL</i>	<i>6540 Melaleuca Road</i>	<i>Fl. Lauderdale FL 33330</i>
			<i>700002212017--7</i>
			<i>-06/13/97--01113--001</i>
			<i>***923.75 ***923.75</i>

8. Name and Address of Current Registered Agent

*Bedkow and Korn  
 Gary Korn  
 20803 Biscayne Blvd  
 Aventura, FL 33180*

9. Name and Address of New Registered Agent

*Alfred Katzin*  
 Street Address (P.O. Box Number is Not Acceptable)  
*3801 Hollywood Blvd Suite 300*  
 Suite, Apt. #, Etc.  
*Hollywood*  
 City State Zip Code  
**FL 33021**

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 *Alfred Katzin* Date *5/1/97*  
 REGISTERED AGENT MUST SIGN

11. 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.)

12. 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: *Rennie Siegel* *5-1-97* *(905) 434-1230*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (12/96)