PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION 質節 Sandra B. Mortham · FOR Secretary of State REMINSTATEMENT. 98 MAY 22 FG 9: 00 DIVISION OF CORPORATIONS F55723 **DOCUMENT #** SECRETARY HOPEN 1. Cornegration Name

RALL SALES ASSOCIATES INC. Principal Place of Business Mailing Address 6860 GULPORT BLVD. S. ST. PETERSBURG FL 33707 If above addresses are incorrect in any way, line through incorrect information and onter correction below. Date Incorporated or Qualified
 To Do Business in Florida
 12-1-1981 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. Suite, Apl. #, etc 5. FEI Number Applied For 59 2143845 City & State City & State \$8.75 Additional Fee required Country 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) Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Title(s) City / State / Zip PRES ROBERT J. RALL 6860 GULFPORT BURDS ST. PETERSBURGES 6860 GULFPORT BUD. S. ST. PETERSBURG & VARLY VIVIANE. BALL 800002548148---4 \*\*\*1050.00 \*\*\*1050.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name · FOBERT J. RAIL Street Address (P.O. Box Number is Not Acceptable) 6860 GULFPERT BURD. S. Suite, Apt. #, Etc. ST. PETERSBURG FL. 33701 State 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 11. This corporation owes or has paid the current year (See other side for information Intangible Personal Property tax due June 30. 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 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 less 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 ting and accurate, and my signature shall have the same legal effect as if made under oath 5-23-98 813-360 3977 Date Daylinic Phone # SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR