

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F93000004072**

1. Corporation Name

**RHODES-FORT MYERS/GP, INC.**

**FILED**  
01 OCT 24 AM 10: 01  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business 1990 M STREET NW #650 WASHINGTON DC 20006	Mailing Address C/O J.P. METZ COMPANY 1990 M STREET, N.W., STE.#650 WASHINGTON DC 20036 US
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2001 *[Signature]*

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida	09/08/1993
5. FEI Number	52-1839523
Applied For	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	AMBROSI, ROBERT J	341 BROAD ST.	CLIFTON NJ 07013
VPD	PEREL, MARC	341 BROAD STREET	CLIFTON NJ
SD	MELROD, JOSEPH K	1990 M STREET NW #650	WASHINGTON DC 20036
D	MELROD, DANIEL	1990 M STREET NW #650	WASHINGTON DC 20036
			500004687575--8 -11/19/01-01066-001 ****750.00 ****750.00

8. Name and Address of Current Registered Agent CT CORP SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33224	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL
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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: *[Signature]* **PETER F. SOUZA**  
ASSISTANT SECRETARY IRED  
REGISTERED AGENT MUST SIGN Date: 10/22/01

11. 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:** *[Signature]* **Joseph Melrod** **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 10-19-01 (202) 785-1212 Daytime Phone #

CPRE040 (8/01)