

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000005751

1. Corporation Name

Reliable Financing Services, Ltd., Inc.

2. Principal Office Address

4200 Baychester Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

4200 Baychester Avenue

Suite, Apt. #, etc.

City & State

Bronx, NY

City & State

Bronx, NY

Zip

10466

Country

Bronx

Zip

10466

Country

Bronx

4. Date Incorporated or Qualified
To Do Business in Florida

10/31/1997

5. FEI Number

13-397-3585

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 00-03

7. Name and Address of Current Registered Agent

Name

Hyacinth Allen

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

2657 South East Ruffin Terrace

Suite, Apt. #, Etc.

City

Port Saint Lucie

State

FL

Zip Code

34952

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

Hyacinth Allen

REGISTERED AGENT MUST SIGN

Date

7/14/03

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	Herbert Allen Jr.	4200 Baychester Avenue	Bronx, NY 10466

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:

Herbert Allen Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/03

Date

718-325-9405

Daytime Phone #

CR2E081 (10/02)