

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 JUL 13 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F 98000004438

1. Corporation Name
Resource Associates, Inc.

2. Principal Office Address
31 Hickory Road

3. Mailing Office Address
same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Mohnton PA

City & State

Zip Country
19540 USA

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida *8/5/1998*

5. FEI Number *232076618* Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$875 Additional Fee required for a Certificate of Status

04-06
CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name *NRAI Services, Inc*
Street Address (P.O. Box Number is Not Acceptable)
2731 Executive Park Drive
Suite, Apt. #, Etc. *Suite 4*
City *Weston*

State Zip Code
FL 33331

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 617.0503, F.S.

Signature of Registered Agent *Christian Eubanks, Assistant Secretary* Date *July 12, 2006*

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<i>Pres</i>	<i>TAMMY Quackenbush</i>	<i>2507 Vertner Ave</i>	<i>Reading, PA 19605</i>
<i>Chairman</i>	<i>THOMAS SHARFERT</i>	<i>32 Rabbit Run Road</i>	<i>Melvern, PA 19355</i>
<i>Secy</i>	<i>Karl Buettner</i>	<i>540 Clothier Springs Road</i>	<i>Melvern, PA 19355</i>
<i>Treas</i>	<i>Geoffrey Warrell</i>	<i>163 Goshawk Way</i>	<i>Phoenixville, PA 19400</i>

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 807 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 807.0401 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 contained in Chapter 119, 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: *TAMMY Quackenbush* *Tammy Quackenbush* *7/12/06 6107755222*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #