

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 NOV 15 AM 8:16

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 800009021998
 11/15/02--01052--013 **750.00

DOCUMENT # **G04165**

1. Corporation Name
R.E.I. PROPERTIES, INC.

Principal Place of Business Mailing Address
3250 MARY STREET SUITE 306 MIAMI FL 33133
3250 MARY STREET SUITE 306 MIAMI FL 33133

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.		10/07/1982	
City & State		City & State		5. FEI Number: 59-2229067	
Zip		Country		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
PSTD	STEINFURTH, PAUL C	3250 MARY STREET, SUITE 306	MIAMI FL 33133

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent			
LEVINE, ACAW 1110 BRICKELL AVE. 7TH FLOOR MIAMI FL 33131		Name			
		Street Address (P.O. Box Number is Not Acceptable)			
		Suite, Apt. #, Etc.			
		City		State	Zip Code
		FL			

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. or 617.0505, F.S.

Signature of Registered Agent *[Signature]* **SIGNATURE REQUIRED** Date 11/01/02
 REGISTERED AGENT MUST SIGN

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]* **SIGNATURE REQUIRED** Date 10/3/02
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2040 (8/02)