

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

00 NOV -9 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J68469

1. Corporation Name

RLT FINANCIAL MANAGEMENT, INC.

Principal Place of Business

Mailing Address

~~880 US HWY ONE, STE. 212~~
N. PALM BEACH FL 33408
US

880 US HWY ONE, STE. 212
N. PALM BEACH FL 33408
US



If above addresses are incorrect in any way, line through incorrect information and enter correction below:

2. New Principal Office Address, If Applicable

446 MARLIN ROAD

Suite, Apt. #, etc.

City & State
N. PALM BEACH, FL.

Zip Country
33408 PALM BCH.

3. New Mailing Office Address, If Applicable

446 MARLIN ROAD

Suite, Apt. #, etc.

City & State
N. PALM BEACH, FL

Zip Country
33408 PALM BCH.

4. Date Incorporated or Qualified
To Do Business in Florida

04/17/1987

5. FEI Number

59-2794800

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	TOTARO, ROBERT L	880 US HWY ONE, STE. 212 446 MARLIN ROAD	N. PALM BEACH FL 33408
			000003488400--7 -12/05/00--01106--013 *****750.00 *****750.00
			000003488400--7 -12/05/00--01106--014 *****8.75 *****8.75

REINSTATEMENT 2000

8. Name and Address of Current Registered Agent

TOTARO, ROBERT L
~~880 US HWY ONE, STE. 212~~ 446 MARLIN ROAD
N. PALM BEACH FL 33408

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State FL	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 Robert Louis Totaro REQUIRED
REGISTERED AGENT MUST SIGN

Date 11/08/2000

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: Robert Louis Totaro REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROBERT LOUIS TOTARO

11/8/2000 561-670-6251
Date Daytime Phone #