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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1. Corporation Name RLT FINANCIAL MANAGEMENT, IN C. 2. Principal Office Address - No P.O. Box # UHL MARLIN RD Suite, Apt. #, etc. City & State N. PALN BEACH FL Zip Country Zip Country LAMASSEE. FLORIDA REINSTATEMENT CR2E081 (1/07) REINSTATEMENT CR2E081 (1/07) 4. Date Incorporated or Qualified To Do Business in Florida 4/17/1987 5. FEI Number J-2194800 Applied For Suite, Applicable	CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	OTHAY IT PM 1: 14
2. Primipal Office Address - No P.O. Box # J. Mailing Office Address J. W.L. N. P. L. N. P. L	1. Corporation Name		ALLAHASSEE, FLURIDA
Suite, Apt. 8, etc. Suite, Apt. 9, etc. Suite, Apt. 9, etc. Suite, Apt. 9, etc. Suite, Apt. 9, etc. Suite, Ap	ICCI PINANCIAC	MANAGENENT, IN C.	
City & State N. PALN BEACH, FL N. PALN BEACH To Do Business in Florida 4//17 / 9A polited For Lethors Application 4 politics of Cultivity 133 408 To Do Business in Florida 4//17 / 9A politics of Cultivity 133 408 Expected and requesting the prior notices. By checking this box, you are certificity the prior notices were not received and requesting the reinstatement fee be waived. City N. PALN BEACH State 320 Code FL 3340B 8. I. being appointed the registered agent of the above named corpognation, am familiar with and accept the obligations of section 507.0505 or 617.0503, F.S. Signature of Registered Agent Registered Agent Registered Agent Registered Agent Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) P. Names and Street Addresses of Each Officer and/or Director Officer and/or Directors Name of Officers and/or Directors Name of Officers and/or Directors Name of Officer and/or Directors Officer and/or D	446 MARLIN RD	44L MARLINRD	REINSTATEMENTO3-
Span State FL N. Paur State FL N. Paur State Span			
7. Name and Address of Current Registered Agent Name POBLET L. TOTALC Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) H. MALLIN P.D Street Address (P.O. Box Number is Not Acceptable) When BERCH Street Address (P.O. Box Number is Not Acceptable) When BERCH Street Address (P.O. Box Number is Not Acceptable) When BERCH State Zip Code FL 3340B 8. 1, being appointed the registered agent of the above named corpogation, an familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Registered Agent Must sign Registered Agent Addresses of Each Officer and/or Director Titles Officers and/or Director Titles ROBERT L. TOTARD WHE NARLIN RD N. Mum BCL FL 3340B N. PRIM BCL FL 3340B N. PRIM BCL FL 3340B LL 101038051 E.A 05/31/07-01022-004 **8.75 05/31/07-01022-004 **8.75 Date DS//12-01022-004 **8.75 DA	· · · · · · · · · · · · · · · · · · ·		
Name ### POBBET L. TOTALO Street Address (P.O. Box Number is Not Acceptable) #### Address of Each Officer and/or Director (Plorida nonprofit corporations must list at least 3 directors) ##### Address of Each Officer and/or Director (Plorida nonprofit corporations must list at least 3 directors) ###################################	2 2 4 2 1		6. S8.75 Additional Fee required
8. I, being appointed the registered agent of the above named corpogration, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent	Name **POSSET L. TOTALO Street Address (P.O. Box Number is Not Acceptable) **Y46 TARLIN LO		circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement
Signature of Registered Agent REGISTERED AGENT MUST SIGN 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 No. Record Registered Addresses of Each Officer and/or Director Officers and/or Directors No. Record Registered Addresses of Each Officers and/or Director Officers and/or Directors No. Record Registered Addresses of Each Officers and/or Director Officers and/or Directors No. Record Registered Addresses of Each Officers and/or Directors No. Record Registered Addresses of Each Officers and/or Directors No. Record Registered Addresses of Each Officers and/or Directors No. Record Registered Addresses of Each Officer and/or Directors No. Record Registered Addresses of Each Officer and/or Directors No. Record Registered Addresses of Each Officer and/or Directors No. Record Registered Record Record Addresses of Each Officer and/or Directors No. Record Registered Record Re	N.PALM BEACH	FL 33408	
Titles Name of Officers and/or Directors Officer and/or Director Directo	Signature of Registered Agent Reflect 2	Total	
Officer and/or Director N. INLY BCU FV 33 4 QF Les POBERT V. TOTARO 446 NARVIN PD N. INLY BEACH THE POBERT V. TOTARO 446 NARVIN PD N. PRUM BEACH THE POBERT V. TOTARO 446 NARVIN PD N. PRUM BEACH OS/31 0701022003 **750.00 400103505154 05/31 0701022004 **8.75 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 filling 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 overly 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 carried purpose under certify.	9. Names and Street Addresses of Each Officer a	ind/or Director (Florida nonprofit corporations must list at I	least 3 directors)
Les POBERT L. TOTARO 446 DARLIN PD PL 33 40 P Les POBERT L. TOTARO 441 MARLIN PD PL 33 40 P 400103605154 05/31/0701022003 **750.00 400103605154 05/31/0701022004 **8.75			
Trees POBERT L. TOTARD 44L MINIUM ND VL. 3340P 4.0103605154 05/31/0701022003 ***750.00 4.00103605154 05/31/0701022004 ***8.75 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 filling 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 contained in Chapter 119, F.S. The information indicated on this application is two and exercise last two and exercise l			N RD N. PALM BCH FL 3340F
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Descripe Phone #	this reinstatement application, the reason for di owed by the corporation have been paid and the on this application is true and accurate, and my SIGNATURE:	issolution has been eliminated, the corporate name satisfie te names of individuals listed on this form do not qualify for a signature shall have the same legal effect as if made under the same legal effect as if	es the requirements of section 607.0401 or 617.0401, F.S., that all fees ran exemption contained in Chapter 119, F.S. The information indicated learnests.

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