COMPLETING THIS FORM APPLICATION **FOR** REINSTATEMENT FILED 96 DEC -@ PN 4: 39 DOCUMENT# 1. Corporation Name RESIDENTIAL SERVICE GROUP, INC Mailing Address c/o Citibank c/o Citibank 8750 Doral Blvd. 8750 Doral Blvd. Miami, FL 33178 Miami, FL 33178 If above addresses are incorrect in any way, line through incorrect information and enter correction below. DO NOT WRITE IN THIS SPACE 3. New Principal Office Address, If Applicable 2. New Mailing Address, If Applicable Date Incorporated or Qualified
To Do Business in Florida 1/11/89 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State 65-0093884 Not Applicable \$8.75 Additional February for a Certificate of Status CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Title(s) Officer and/or Director (Do NOT Use Post Office Box Numbers) and/or Directors City / State / Zip (SEE ATTACHED LIST OF OFFICERS AND/OR DIRECTORS) 700002033497--12/19/96--01031--001 \*\*\*\*583.75 \*\*\*\*583.75 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Nama Richard M. Sassi Street Address (P.O. Box Number is Not Acceptable) c/o Citibank 8750 Doral Blvd. Suite, Apt. #, Etc. Miami, FL 33178 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 11/21/96 REGISTERED AGENT MUST SIGN Date (See other side for additional information.) 11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box 12. Does this corporation pay any intangible tax to the (See other side for information on intangible tax.) Dept. of Revenue under S. 199.032, Florida Statutes. No x Yes 📖 13. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Fiorida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 idiminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. VP/Secretary SIGNATURE: <u>11/21/96 (305)599-5807</u>

## STATE OF FLORIDA APPLICATION FOR REINSTATEMENT

RESIDENTIAL SERVICE GROUP, INC. Document # K57457

## 7. Names and Street Addresses of Each Officer and/or Director

City/State/Zip	Miami, Florida 33178 Miami, Florida 33178 Miami, Florida 33178 San Francisco, CA 94104
Address	8750 Doral Blvd. 8750 Doral Blvd. 8750 Doral Blvd. 1 Sansome St., 27th Floor
Name	Carlos Palomares Richard M. Sassi Thomas F. Acton Dale C. Lock
Title	D/P D/VP/S D/CFO AS

Note: "AS" designates Assistant Secretary