

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED
 AND
 FILED

1998 JAN -9 PM 12:12

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

APPLICATION
 FOR
 REINSTATEMENT

DOCUMENT # **K68053**

1. Corporation Name
R.I.N. FINANCIAL, INC.

Principal Place of Business % JOSE M. GARCIA P.O. BOX 521124 MIAMI FL 33152-1124	Mailing Address % JOSE M. GARCIA P.O. BOX 521124 MIAMI FL 33152-1124
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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 02/23/1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0263769	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	GARCIA, JOSE M	1555 NW 30TH AVE	MIAMI FL

100002398041--9
 -01/13/98--01030--031
 *****908.75 *****908.75

REINSTATEMENT

07-980
12/31/98
1/2/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GARCIA, JOSE M
 1555 NW 30TH AVE
 MIAMI FL 33125-1931

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 *Jose Garcia* REGISTERED AGENT MUST SIGN Date 12/31/97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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: *Jose Garcia* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 12/31/97 Daytime Phone #

CR2E040 (8/97)