

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

1997 NOV 24 PM 12: 28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **1280612**

1. Corporation Name  
**R E O SUPPLIES CORPORATION**  
**10086 N.W. 5th. Ter.**  
**Miami, FL. 33172**

Principal Place of Business      Mailing Address  
**10086 N.W. 5th. Ter.**      **SAME**  
**Miami, FL. 33172**

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.		April 17th., 1989	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0127830	
Country		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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	Emilio Requena	10086 N.W. 5th. Ter.	Miami, FL. 33172
V-Pres.	Ricardo Requena	1308 Autumn Oaks Dr.	Chesapeake, VA. 23320

**REINSTATEMENT** *ab 90 11/24/97*

000002361340--9  
-12/02/97--01092--014  
\*\*\*\*915.00 \*\*\*\*915.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Emilio Requena 10086 N.W. 5th. Ter. Miami, FL. 33172		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.

Signature of Registered Agent: *Emilio Requena*      Date: *Nov 18, 1997*  
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: *Emilio Requena* Emilio Requena      Nov. 18, 1997      (305) 267-5095  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR25040 (12/95)