

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
L01000004414
DIVISION OF CORPORATIONS

FILED

02 NOV 15 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000004414

Name and Mailing Address

0010023 01 FP 0.352 **PRSRT H6 0 0615 33480-396199



RLS REALTY, LLC
130 SUNRISE AVE.
PENTHOUSE 9W
PALM BEACH FL 33480-3961



2. New Mailing Address

920 Park Ave apt 4D

City, State, Zip
ny ny 10018

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

03/22/2001

Principal Place of Business

130 SUNRISE AVE.
PENTHOUSE 9W
PALM BEACH FL 33480

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

FLORIDA FILINGS, INC.
3732 NW 16TH STREET
FT. LAUDERDALE FL 33301

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent *Rita Schneider*

REGISTERED AGENT MUST SIGN

Date *Oct 28, 2001*

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	SCHNEIDER, RITA	130 SUNRISE AVE. PENTHOUSE 9W	PALM BEACH FL 33480

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11/15/02--01020--002 **150.00

REINSTATEMENT

02

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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.

Signature of
Managing Member/Manager

Rita Schneider

Date

Oct 28, 2001

Daytime Phone #

(212) 249 3403

Typed or printed name of signing Managing Member/Manager

CP2E084 (8/02)