

▲ Tear Here ▲

▲ Tear Here ▲

▲ Tear Here ▲

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
L01000004414
 FLORIDA DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS

FILED

03 OCT 24 PM 2:09

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000004414

Name and Mailing Address

0014886 01 AB 0.301 **AUTO H5 0 0615 10028-020820



RLS REALTY, LLC
 920 PARK AVENUE APT 4D
 NEW YORK NY 10028-0208



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 03/22/2001	
Principal Place of Business 920 PARK AVENUE APT 4D NEW YORK NY 10028	3. New Principal Place of Business Address City, State, Zip	6. FEI Number	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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) 200024422732 11/04/03--01065--014 **150.00 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
SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

Date *Oct 18, 2003*

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

REINSTATEMENT 03
OK

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
SIGNATURE REQUIRED

Date *Oct 13, 2003*

Daytime Phone # *212 249 3403*

Typed or printed name of signing Managing Member/Manager

RITA SCHNEIDER

CR2E084 (7/03)