


L94000000324

APPLICATION FOR
REINSTATEMENT FOR
LIMITED LIABILITY COMPANY



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

FILED

98 DEC -5 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # L94000000324**
Real Safe Holding, L.C.
P.O. Box 12651
St. Petersburg, FL 33733-2651

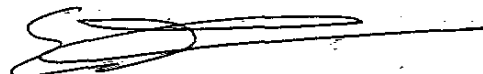
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

1a. Principal Place of Business Address
450 34th Street North
St. Petersburg, FL 33713

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified		3a. State of Formation	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Florida	
City & State		City & State		4. FEI Number		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		59.3268428		5. Date of Last Report	
						6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	

7. Name and Address of Current Registered Agent				8. Name and Address of New Registered Agent			
				Name Espen Tandberg			
				Street Address (P.O. Box Number is Not Acceptable) 450 34th Street North			
				Suite, Apt. #, etc.			
				City St. Petersburg FL			
				Zip Code 33713			

9. 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  Date 11/23/98

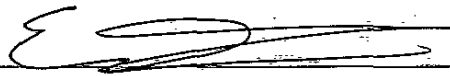
REGISTERED AGENT MUST SIGN

10. Title	Managing Members/Managers	Business Street Address	City, State & Zip Code
MGR	Rafael Ordonez	1775 NW 70th Avenue	Miami, FL 33126
MGR	Espen Tandberg	450 34th Street North	St. Petersburg FL 33713

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REINSTATEMENT 98
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11 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  Date 11/23/98 Daytime Phone # 727-327-3000

Typed or printed name of signing Managing Member/Manager Espen Tandberg