

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N99000001089

1. Corporation Name RIETTIE ECONOMIC DEVELOPMENT, INC.

Principal Place of Business Mailing Address 1328 NW 38 STREET MIAMI FL 33142-4828

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 Suite, Apt. #, etc. City & State Zip Country

FILED 01 JUN 25 PM 12: 09 SECRETARY OF STATE TALLAHASSEE, FLORIDA 200004461972-2 -07/06/01--01089-023 *****61.25 *****61.25 02/18/1999 5. FEI Number 65-0857823 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED [X] \$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)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes entries for Vernon Clark, Michael Anderson, Darryn E. Ferguson, and Albena Sumner.

8. Name and Address of Current Registered Agent

RIETTIE, SANDY A 1328 NW 38 STREET MIAMI FL 33142-4828

9. Name and Address of New Registered Agent

Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State 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 SANDY A. RIETTIE REGISTERED AGENT MUST SIGN

Date 3/8/01

11. 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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

200004461972-2 -07/06/01--01035-024 *****8.75 *****8.75 3/8/01 13051984-6090 Date Daytime Phone #

CR2ED40 (8/00)