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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
04 MAY 25 AM 9:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900037289053
05/25/04--01037--002 **300.00

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P01000037083					
1. Corporation Name Realyne, Inc.					
2. Principal Office Address 1851 Broadway Suite, Apt. #, etc.			3. Mailing Office Address 1851 Broadway Suite, Apt. #, etc.		
City & State Riviera Beach, FL Zip 33404 Country USA			City & State Riviera Bch, FL Zip 33404 Country USA		

REINSTATEMENT 03-04	
4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 65-1093868	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name Lyne Yannopoulos-Belanger		
Street Address (P.O. Box Number is Not Acceptable) 1851 Broadway		
Suite, Apt. #, Etc.		
City Riviera Beach	State FL	Zip Code 33404

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.	
Signature of Registered Agent Lyne Belanger	Date 5.14.04
REGISTERED AGENT MUST SIGN	

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSD	Gerard Blazon	1851 Broadway	Riviera Bch FL 33404
VTD	Lyne Yannopoulos-Belanger	1851 Broadway	Riviera Bch FL 33404

10. 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: Lyne Belanger SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 5.14.04 Daytime Phone # 561 881 3800

CR2E081 (9/01)

PS 272

**Realyne, Inc.
1851 Broadway
Riviera Beach, FL 33404**

May 6, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

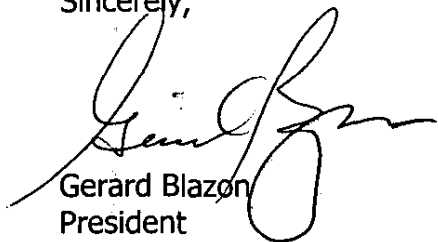
Re: Realyne, Inc.
F.E.I.N. - 65-1093868

Dear Sir or Madam:

I am the President of Realyne, Inc. I just became aware that my corporation lapsed with the state. Please be advised that the necessary renewal documents were never received by my office since the address currently on file with the state has not been updated. I have enclosed a reinstatement form to update my company along with a check in the amount of \$ 300.00 for the renewal fees for 2003 and 2004.

Based on the foregoing, I respectfully request that you please remove the late filing penalties and accept my reinstatement form. Your help and understanding in this matter would be greatly appreciated.

Sincerely,



Gerard Blazon
President

Enclosures