

PLEASE READ ALL INSTRUCTIONS BEFORE COM

FILED
May 18, 2005 8:00 am
Secretary of State

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 02000047487

1. Corporation Name
RALI HOLDINGS, INC.

2. Principal Office Address
407 Lincoln Road

Suite, Apt. #, etc.
2A

City & State
Miami Beach, FL

Zip Country
33139 USA

3. Mailing Office Address
152 Witherspoon Street

Suite, Apt. #, etc.

City & State
Princeton, NJ

Zip Country
08542 USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

4/30/2002

5. FEI Number

46-0481228

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Douglas D. Stratton

Street Address (P.O. Box Number is Not Acceptable)
407 Lincoln Road, Suite 2A

Suite, Apt. #, Etc.

City
Miami Beach

State
FL

Zip Code
33139

000054726990
05/18/05--01034--010 **1050.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0103, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

5/16/05

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
dir	Igor Barsky	152 Witherspoon Street	Princeton, NJ 08542
DIR	ALLA BARSKY	152 Witherspoon Street	Princeton, NJ 08542

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IGOR BARSKY

Date

5/3/05 (609) 924-7111

Daytime Phone #

CR2E081 (01/05)