

FROM :

FAX NO. : 305-456-7107

Dec. 08 2004 10:38

Equity Financial

700 874 0068  
305 3630003P. 1  
P. 2**2004 FOR PROFIT CORPORATION  
REINSTATEMENT**

FILED

**DOCUMENT # P03000070009**1. Entity Name  
**RBF MANAGEMENT INC.**

04 DEC -9 PM 3:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDAPrincipal Place of Business  
**9240 SUNSET DRIVE  
MIAMI, FL 33173**Mailing Address  
**9240 SUNSET DRIVE  
MIAMI, FL 33173**

2. Principal Place of Business

3. Mailing Address

Date, Apt. #, etc.

Date, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

12082004

REINP

CR25098 (8/04)

4. File Number

**32-0082333**

Applied For

Not Applicable

5. Certificate of Status Received

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**OVIES, IDA  
2307 DOUGLAS RD.  
CORAL GABLES, FL 33134**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. I, the above named entity, certify this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

5/2/2004

FILE FEE: \$25.00

After January 1, 2005, Fee will be \$350.00

In accordance with s. 607.183(2)(b), F.S., this corporation did not receive the prior notice.

| 18. OFFICERS AND DIRECTORS                         |                                                                                                      | 19. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                                                         |
|----------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete<br><b>D<br/>BENTZ, RAIL<br/>4642 SW 80TH ST.<br/>MIAMI, FL 33143</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>REINSTATEMENT 04</b>            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>05-03-04 91027 044 \$150.00</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>R. 2/9</b>                      |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.07(2)(a), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and correct and that my signature shall have the same legal effect as if I were a director, officer, or shareholder of the corporation or the incorporator or organizer of the corporation, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with signature, or the incorporator.

SIGNATURE:

*[Signature]*

5/1/2004

Typed Name

To whom it may concern:

Our bank was performing quality control and called us to advise that RBF Management Inc was inactive in the Florida records. We have enclosed a copy of the original sent with a copy of two checks sent for corporation renewals. We sent two corporations and one check was for RBF Management and the other for a different corporation so we have attached both. Please waive the reinstatement fee if possible since this was mailed on time prior to today. We would appreciate your help in correcting this error. You may contact us for any further documentation at 305-598-1876 ext 1125 or [raulbenitezeq@hotmail.com](mailto:raulbenitezeq@hotmail.com) . Again thank you for your help in this matter,

Sincerely,

Raul Benitez  
President  
RBF Management Inc.