

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 MAY 13 PM 4:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # PA3000002471

1. Corporation Name

RLS PROPERTIES, INC.

200120843742  
05/13/10--01030--001 \*\*300.00

**REINSTATEMENT** 09-10

CR2E081 (4/10)

2. Principal Office Address - No P.O. Box # 370 Minorca Ave		3. Mailing Office Address 4136 Blanche Rd.	
Suite, Apt. #, etc. Suite One The Law Ctr.		Suite, Apt. #, etc.	
City & State Coral Gables, FL		City & State Bensalem, PA	
Zip 33134	Country US	Zip 19020	Country US

4. Date Incorporated or Qualified To Do Business In Florida 1/29/73	
5. FEI Number 65-0395900	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$3.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name  
CT CORP.

Street Address (P.O. Box Number is Not Acceptable)  
12005. Pine Island Rd.

Suite, Apt. #, Etc.

City  
Plantation

State  
FL

Zip Code  
33324

**PROFIT CORPORATIONS ONLY**

The \$600.00 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0503, F.S.

Signature of Registered Agent *Vicki Ann Owens* Vicki Ann Owens  
REGISTERED AGENT MUST SIGN Special Assistant Secretary Date 5/11/10

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
PRES	RAYMOND STINNETT	305 meadow lark Dr.	Bozeman, MT
VP	CHRISTOPHER STINNETT	1254 Eagle Rd.	New Hope, PA 18938

10. E-mail Address: jacob@2ndavevaluestores.com  
(To be used for future annual report notification)

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. I further certify, 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: *Shane Roach* 5/11/10 (215) 220 3525  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

5/11/10