PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 DEC 16 AM 8:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000030976

1 Corporation Name

R & L ESTATES, INC.

Principal Place of Business	Mailing Address
C/O JOHN L. REMSEN 515 N. FLAGLER DR., SUITE 1900 WEST PALM BEACH FL 33401	C/O JOHN L. REMSEN 515 N. FLAGLER DR., SUITE 1900 WEST PALM BEACH FL 33401

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 94

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
22354 SW 57 AVE.	22354 SW 57 AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BOCA RATON FL.	City & State: BOCA RATON FL.
Zip: 33433 Country	Zip: 33433 Country: U SA

4. Date Incorporated or Qualified To Do Business in Florida: 04/20/1994

5. FEI Number: 65-0460831 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	ASTOR, LIONEL	C/O 515 N. FLAGLER DR., SUITE 19	WEST PALM BEACH FL 33401
D	SINGER, RALPH	C/O 515 N. FLAGLER DR., SUITE 19	WEST PALM BEACH FL 33401
			400002033284--3
			-12/19/96--01015--005
			****375.00 ****375.00
			YB 12-17-96

8. Name and Address of Current Registered Agent

REMSEN, JOHN L
515 N. FLAGLER DR
SUITE 1900
WEST PALM BEACH FL 33401

LIONEL ASTOR.
22354 SW 57TH AVE
BOCA RATON,
FL 33433

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt. #, Etc.
City | State: FL | Zip Code

CR2E040 (7/96)

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: SIGNATURE REQUIRED — Date: Dec 13 1996
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. 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 REQUIRED — Dec 9 1996 — 4074871250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
LIONEL ASTOR

0063230 AP