PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P94000041370

1. Corporation Name

FILED

97 APR 21 AM 8:00

SECRETARY

RP'S	LOCURAS, INC.				Ì	TALLAHASSEE, T	STATE LORIDA	
1542 S.W. 18TH TERRACE 154		Mailing Ac	ailing Address		-			
			1542 S.W. 18TH TERRACE FORT LAUDERDALE FL 33312					
If about	addrocrae are incorrect in ear way line	a through incorrer	t information and enter	r correction below	REINS	STATEMENT	00-97	
If above addresses are incorrect in any way, line through incorrect New Principal Office Address, If Applicable 3. New Ma					4. Date incor	Date Incorporated or Qualified To De Business in Florida 06/02/1994		
Suite, Apt. #, etc.		Suite, Apt.	Suite, Apt. #, etc.			er	Applied For	
City & State		City & State			65-0499360 Not Applicable			
Zip	Country	Zip	Count	try	_		Additional Fee required a Certificate of Status	
7. Names	and Street Addresses of Each Officer							
Title(s)	Name of Officers and/or Directors 2		Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)		ır	City / State / Zip		
DP	PARKINSON, ROBERT A		1542 S.W. 18 TERR			FT LAUDERDALE FL 33312		
					2	00002155 -04/25/9701 ****915.00	7929 110008 ****915.00	
1						W24	-22-97	
	8. Name and Address of Curr	ent Registered A	gent		9. Name and	Address of New Registered A		
PARKINSON, ROBERT A 1542 S.W. 18TH TERRACE FORT LAUDERDALE FL 33312				Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code				
10. I, bein Signature Registered	g appointed the registered agent of the of Agent _ Keve T + tike	rabove named co	AGENT MUST SIGN	with and accept the c	obligations of Sec			
11. Do	oes this corporation pa ept. of Revenue under	y any intar S. 199.03	ngible tax to ti 2, Florida Sta	he tutes. Yes	□ No □	(See other side on intang		
12. I certify this rei owed t	y that I am an officer or director or the r nstatement application, the reason for by the corporation have been paid and application is true and accurate, and n	receiver or trustee dissolution has be the names of Indi	empowered to execution eliminated, the corrections of the correction of the correcti	e this application as porate name satisfier orm do not qualify fo	s the requirement r an exemption u	ts of section 607.0401 or 617.040	01, F.S., that all fees	
SIGNA	TURE: KONE THE SIGNATURE AND TYPED OF ROOM	Therefore ARTHUR		A DINECTOR		954/327- Date	7/27 The Phone #	