PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE APPLICATION Jim Smith **FOR** _Secretary of State FILFO REINSTATEMEN DIVISION OF CORPORATIONS 02 NOV -7 PH 1:04 P94000069491 DOCUMENT # 1. Corporation Name SECRETARY OF STATE RSB HOLDINGS, INC. Principal Place of Business Mailing Address 1810 N.E. 144TH ST 1810 N.E. 144TH ST N. MIAMI FL 33181 N. MIAMI FL 33181 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 09/21/1994 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State 65-0520869 City & State Not Applicable Country Zin Country \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED 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) Name of Officers Title(s) Street Address of Each and/or Directors Officer and/or Director City / State / Zip D STEIN, SLAV 1810 NE 44TH ST NORTH MIAM! FL 33181 D BRISKIN, ROMAN 1810 NE 44TH ST NORTH MIAMI FL 33181 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent FARMER, DAN 500 N FEDERAL HWY #D CR2E040 HOLLYWOOD FL 33020 State Zip Code 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. or 617.0505, F.S. Signature of Registered Agen ALDURMBER 4, 2002, 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 filling 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.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR BRISKIN 1/4/62 365-944-7716

R S B HOLDINGS, INC.

1810 N E 144TH STREET

NORTH MIAMI, FLORIDA 33181

November 5, 2002

Florida Department of State...

Division of Corporations

Annual Report/Reinstatement Section

P O Box 6327

Tallahassee, FL 32314-6327

To Whom It May Concern:

Herewith enclosed find our application for reinstatement of our corporation to transact business in the State of Florida along with our check in the amount of \$150.00.

We never received your notice to file an annual report/uniform business report this year. That was the reason for not filing.

I will have our staff make a note to watch for your mailings at the first of the year so that in the future we will be able to file on time.

Please note that the name and address of the corporation's registered agent is to be changed to Mr. Roman Briskin, Vice President of RSB Holdings, Inc. Please direct all mailings to his attention.

Thank you for your consideration in this matter.

Regards,

President