PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION Sandra B. Mortham FOR FILED Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 98 JUN -9 AM 11: 05 **DOCUMENT # P95000051394** 1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA RIN REALTY ASSOCIATES, INC. Principal Place of Business Mailing Address 7695 SW 104 Street Same REINSTATEMENT Suite 210 Miami, FL 33156 DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified
To Do Business in Florida

O If above addresses are incorrect in any way, line through incorrect information and enter correction below. 7695 SW 1040 Address II Applicable 3. New Malling Address, if Applicable 06-29-95 Suite, Apt. #, etc. Suite, Apl. #, etc. 5. FEI Number X Applied For Suite 210 City & State
Miami, FL City & State Not Applicable \$8.75 Additional Fee regored for a Certificate of Status Zιο Country Country CERTIFICATE OF STATUS DESIRED 33156 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each City / State / Zip Officer and/or Director (Do NOT Use Post Office Box Numbers) Title(s) 7695 SW 104 St., #210 Miami, FL 33156 Eric P. Littman P/D 000002552660--06/03/38--01043--027 *****900.00 ****900.00 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Name Eric P. Littman Street Address (P.O. Box Number Is Not Acceptable) 7695 SW 104 Street Suite 210 Suite, Apt. #, Etc. Miami, FL 33156 City 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. June 8, 1998 Signature of Registered Agent REGISTERED AGENT MUST SIGN 11. Does this corporation pay any intangible tax to the (See other side for information on intangible tax.) Dept. of Revenue under S. 199.032, Florida Statutes. 12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I re-lease the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or frustee empowered to execute this application as provided for in chapter 807 or 817, F.S. I further certify that when filing this reinstatement application the reason-tox dissolution has been eliminated, the corporate name satisfies the requirements of section 807.0401 or 617.0401, F.S., and that all fees owed by the corporation have-toon paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under path.

> Eric P. Littman; President June 8, 1998 (305) 663-3333 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

under cath.

SIGNATURE: