

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**

97 DEC 22 PM 1:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P96000011481**

1. Corporation Name  
**RLS FINANCIAL SERVICES, INC.**

Principal Place of Business  
**7850 N.W. 146TH STREET  
MIAMI LAKES FL 33016**

Mailing Address  
**7850 N.W. 146TH STREET  
MIAMI LAKES FL 33016**



**REINSTATEMENT** 07/8

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

4. Date Incorporated or Qualified To Do Business in Florida  
**02/02/1996**

Suite/Apt. #, etc.  
**431**

Suite/Apt. #, etc.  
**431**

5. FEI Number  
**65-0643364**

Applied For  
Not Applicable

City & State

City & State

Zip Country

Zip Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres	Rita Lewison-Singer	1471 S.W. 169 Ave	Bembroke Pines 33027
T/SL/D	ROBERT KESSELMAN	7720 S.W. 142 ST.	MIAMI, FL 33158

200002383912--7  
-12/26/97--01113--006  
\*\*\*\*750.00 \*\*\*\*750.00

B. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**SINGER, LAWRENCE E  
7850 N.W. 146TH STREET  
MIAMI LAKES FL 33016**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City  
State **FL** 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.

Signature of Registered Agent *Lawrence E. Singer*  
REGISTERED AGENT MUST SIGN

Date **19 Dec 97**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: *Robert Kesselman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3051**  
**Dec. 18, 1997** **821-3277**  
Date Daytime Phone #

CR2E040 (8/97)