

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 JAN 20 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000011194

1. Corporation Name

RAPID PRODUCTS, INC.

Principal Place of Business

Mailing Address

20320 NE 16TH PL
1651 SHERIDAN ST., SUITE 325
MIAMI FL 33179
JS20320 NE 16TH PL
4651 SHERIDAN ST., SUITE 325
MIAMI FL 33179
US

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

20320 NE 16 PLACE
Suite, Apt. #, etc.20320 NE 16 PLACE
Suite, Apt. #, etc.4. Date Incorporated or Qualified
To Do Business in Florida

02/04/1997

5. FEI Number

58-2287607

Applied For

Not Applicable

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33179 MIAMI-DADE

Zip

33179 MIAMI-DADE

6. CERTIFICATE OF STATUS DESIRED

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	4. City / State / Zip
PD	ROBBINS, JEFFREY	4609 VAN BUREN ST.	HOLLYWOOD FL 33021
SD	ROBBINS, MAXINE	4609 VAN BUREN ST.	HOLLYWOOD FL 33021
			9000003114079--2 -01/28/00--01027--005 ****900.00 ****900.00
			99-00 1 TS
			REINSTATEMENT

8. Name and Address of Current Registered Agent

FISCHER, REBECCA H ESQ.
4651 SHERIDAN ST.
SUITE 325
HOLLYWOOD FL 33021

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

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 AgentREBECCA H FISCHER
REGISTERED AGENT MUST SIGN

Date

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFFREY ROBBINS

1-5-00 (305) 652-8456

Date

Daytime Phone #