

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DOCUMENT # P97000088623

1. Corporation Name

RB TWO DEVELOPERS, INC.

Principal Place of Business

Mailing Address

~~480 S.W. 5TH STREET~~  
FORT LAUDERDALE FL 33315

~~480 S.W. 5TH STREET~~  
FORT LAUDERDALE FL 33315

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

~~480 SW 5 AVENUE~~  
450 SW 5 AVENUE

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

~~480 SW 5 AVENUE~~  
450 SW 5 AVENUE

Suite, Apt. #, etc.

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

10/14/1997

5. FEI Number

65-0773920

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

City & State

~~FT.~~ FT. LAUDERDALE, FL

City & State

FT. LAUDERDALE, FL

Zip

33315

Country

USA

Zip

33315

Country

USA

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
D	<del>PHILLIPS</del> JEFFREY	<del>488 SW 5 ST</del> 450 SW 5 AVE	FORT LAUDERDALE FL 33315
PS	<del>PHILLIPS</del> JEFFREY	<del>488 SW 5 ST</del> 450 SW 5 AVE	FORT LAUDERDALE FL 33315
VD	MOSCATO, DANIEL	450 SW 5 AVE	FORT LAUDERDALE, FL 33315

500003493365--0  
12/11/00 01033 012  
\*\*\*750.00 \*\*\*750.00

12/16

8. Name and Address of Current Registered Agent

BLUMSTEIN, MARK I  
33 N.E. 2ND STREET, Suite 101  
FORT LAUDERDALE FL 33301

9. Name and Address of New Registered Agent

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

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

*[Handwritten Signature]*  
REGISTERED AGENT MUST SIGN

Date 11/21/00

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:

*[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/11/00 (9154) 779-2060  
Date Daytime Phone #

CR2ED40 (8/00)