

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P97000088623

1. Corporation Name

RB TWO DEVELOPERS, INC.

Principal Place of Business

450 SW 5 AVENUE  
FORT LAUDERDALE FL 33315

Mailing Address

450 SW 5 AVENUE  
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

448 SW 5 AVE  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

448 SW 5 AVE  
Suite, Apt. #, etc.

City & State

FT LAUDERDALE, FL

City & State

PORT LAUDERDALE, FL

Zip

33315

Country

Zip

33315

Country

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

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/P/S	PHILLIPS, JEFFREY	450 SW 5 AVENUE 2700 NW 26 AVENUE	FORT LAUDERDALE FL 33315 33434 BOCA RATON, FL 33435
VP/S	PHILLIPS, JEFFREY LYNN	450 SW 5 AVENUE 2700 NW 26 AVENUE	BOCA RATON, FL 33434 FORT LAUDERDALE FL 33315
DV	MOSCATO, DANIEL	450 SW 5 AVENUE	FORT LAUDERDALE FL 33315
			900004694819--7 -11/27/01--01038--007 ***2250.00 ***750.00
			TS
			REINSTATEMENT 01

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  
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

*Mark I Blumstein*

REGISTERED AGENT MUST SIGN

Date 11/14/01

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:

*Mark I Blumstein*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/14/01 (954) 779-7060

Daytime Phone #