PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P97000104020

1. Corporation Name

RLK, INC.

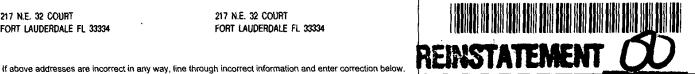
Principal Place of Business

Mailing Address

217 N.E. 32 COURT FORT LAUDERDALE FL 33334 217 N.E. 32 COURT

FORT LAUDERDALE FL 33334

FILED 00 OCT 20 PM 12: 44 SECRETARY OF STATE TALLAHASSEE FLORIDA



2. New Principal Office Address, if Applicable			3. New Maining Office Address, if Applicable		To Do Busin	To Do Business in Florida 12/10/1997		
Suite, Apt. #, etc. Suite, Apt.		, etc.		5. FEI Numbe	5. FEI Number Applied For. 65-0803274 Not Applied be.			
City & State City & State								
Zip	Country	Zip	Cour	ntry	CERTIFICATI		Additional Fee required a Certificate of Status	
7. Names	and Street Addresses of Each	Officer and/or Director (Flo	rida nonprofit corpo	prations must list a	t least 3 directors)			
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director 3			City / State / Zip		
Р	KAMINER, RAPHAEL	INER, RAPHAEL 2022 NW 19T				BOCA RATON FL 33431		
VP	KAMINER, LILLIAN		2022 NW 19TH WAY		BOCA RATON FL 33431			
					5	00003455 -11/07/000 ****758.75	5965)1090031 ****758.75	
8. Name and Address of Current Registered Agent				Name and Address of New Registered Agent		gent		
KAMINER, LILLIAN E ESQ				Name Street Addres	ss /P.O. Box Number	P.O. Box Number is Not Acceptable)		
217 N	E 32ND COURT			Chocky addition (10. Box y tallion in the y despite in the y				
FT LA	UDERDALE FL 33334			Suite, Apt. #,	Suite, Apt. #, Etc.			
				City		State FL	Zip Code	
10. I, being Signature o Registered	appointed the registered ago	55-10-11/00E	oration, am familiar	with and accept the	e obligations of Sect	Date 10 17 (070	

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.

REGISTERED AGENT MUST SIGN