PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
00 APR 24 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000014279

1. Corporation Name RALPH S. FRANCOIS P.A.

2. Principal Office Address	**3.** Mailing Office Address
1820 NE 163rd. STREET	1820 NE 163rd, STREET
Suite, Apt. #, etc.: 303	Suite, Apt. #, etc.: 303
City & State: NORTH MIAMI BEACH FLORIDA 33162	City & State: NORTH MIAMI BEACH, FL.
Zip: 33162 Country:	Zip: 33162 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 02/12/1998

5. FEI Number: 65-0916754 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: FRANCOIS, RALPH S.

000003249010--4
-05/11/00--01099--016
****900.00 ****900.00

Street Address (P.O. Box Number is Not Acceptable): 1820 N.E. 163rd. STREET

Suite, Apt. #, etc.: 303

City: NORTH MIAMI BEACH | State: FL | Zip Code: 33162

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date 4-20-00

REGISTERED AGENT MUST SIGN

CR2E081 (9/97)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of *Officers and/or Directors*	Street Address of Each *Officer and/or Director*	City / State / Zip
PST	FRANCOIS, RALPH S.	1820 N.E. 163rd. STREET #303	NORTH MIAMI BEACH, FL. 33162

REINSTATEMENT 99-00 TS

10. 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: _____ 2-26-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #