

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

03 APR 23 AM 3:44

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P98000042108

1. Corporation Name
 RLP ENTERPRISES, INC.

Principal Place of Business
 4925 CLEVELAND ST
 HOLLYWOOD HILLS FL 33021

Mailing Address
 4925 CLEVELAND ST
 HOLLYWOOD HILLS FL 33021

Handwritten initials



REINSTATEMENT 02-03

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/07/1998	
City & State		City & State		5. FEI Number	
Zip		Country		NOT APPLICABLE	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$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
P	POWELL, RICHARD L	4925 CLEVELAND STREET	HOLLYWOOD FL 33021
VP	WILSON, STACY C	4925 CLEVELAND STREET	HOLLYWOOD FL 33021.

100012968121
 02/21/03--01095--009 **750.00
 100012968121
 05/08/03 01061 002 **150.00

8. Name and Address of Current Registered Agent

POWELL, RICHARD DR.
 4925 CLEVELAND ST
 HOLLYWOOD HILLS FL 33021

9. Name and Address of New Registered Agent

Name *Richard L Powell*
 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. or 617.0505, F.S.

Signature of Registered Agent *[Signature]*
 SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

Date 2-10-03

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

Date 2-10-03
 Daytime Phone # (818) 508-1947

CR2E040 (8/02)