


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # P98000090223</b>			
<b>1. Corporation Name</b>  ROTHCHILD ASSOCIATES, INC.			
<b>2. Principal Office Address</b> 245 N. Ocean Blvd. Suite, Apt. #, etc. Suite 208 City & State Deerfield Beach, FL Zip 33441 Country USA		<b>3. Mailing Office Address</b> 245 N. Ocean Blvd. Suite, Apt. #, etc. Suite 208 City & State Deerfield Beach, FL Zip 33441 Country USA	
<b>4. Date Incorporated or Qualified To Do Business in Florida</b>		<b>5. FEI Number</b> 65-0869184	
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>		<b>Applied For</b> Not Applicable	
		<b>\$8.75 Additional Fee required for a Certificate of Status</b>	

FILED  
2001 AUG 14 PM 3:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>7. Name and Address of Current Registered Agent</b>		
Name Robert Breed		
Street Address (P.O. Box Number is Not Acceptable) 245 N. Ocean Blvd., Suite 208		
Suite, Apt. #, Etc.		
City Deerfield Beach,	State FL	Zip Code 33441

REINSTATEMENT 98-01  
cc

**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

*Robert Breed*

REGISTERED AGENT MUST SIGN

Date July 17, 2001

**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
P, D	Louis Facchini	245 N. Ocean Blvd. #208	Deerfield Beach, FL 33441
S, CH, D	Robert Breed	245 N. Ocean Blvd., #208	Deerfield Beach, FL 33441
	90000-Ann		
	61.25-AR		
	8875-ARsupp		

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\*\*\*1050.00 \*\*\*1050.00

**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:

*Robert Breed*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

954-574-9408

Daytime Phone #