

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P99000012141

1. Corporation Name

RNFA INC.

Principal Place of Business

521 N RIVERSIDE DR #702
POMPANO BACH FL 33062

Mailing Address

521 N RIVERSIDE DR #702
POMPANO BACH FL 33062

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

RNFA INC

Suite, Apt. #, etc.

3208 Colony Club Rd #6

City & State

Pompano Bch FL

Zip

33062

Country
USA

3. New Mailing Office Address, If Applicable

RNFA INC

Suite, Apt. #, etc.

3208 Colony Club Rd #6

City & State

Pompano Bch FL

Zip

33062

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/03/1999

5. FEI Number

52-2120244

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PVST	BABCOCK, KATHRYN	521 N RIVERSIDE DR #702	POMPANO BEACH FL 33062
D	BABCOCK, KATHRYN	521 N RIVERSIDE DR #702	POMPANO BEACH FL 33062
		3208 Colony Club Rd #6	Pompano Bch FL 33062
			800009019858
			11/15/02--01031--011 **150.00

8. Name and Address of Current Registered Agent

BABCOCK, KATHRYN L
521 N RIVERSIDE DR #702
POMPANO BACH FL 33062

9. Name and Address of New Registered Agent

Name
Babcock Kathryn L
Street Address (P.O. Box Number is Not Acceptable)
3208 Colony Cl Rd. #6
Suite, Apt. #, Etc.
Pompano Bch FL
City
State
FL
Zip Code
33062

CRE040 (8/02)

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

Kathy Babcock
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date Nov 11, 02

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.

H 954 784 9165

SIGNATURE:

Kathy Babcock
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nov 11, 02

954 220-2118

Daytime Phone #

RNFA INC.
Kathryn L. Babcock, RNFA

3208 Colony Club Rd.
Suite 6
Pompano Bch., Fl. 33062

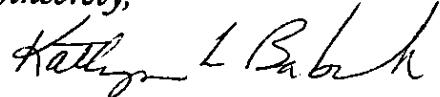
Office: 954-784-9165
Pager : 954-220-2118
Fax : 954-788-9009

To whom it may concern,

I received notification of the dissolution of my corporation for failure to file its 2002 corporation annual report/uniform business report. Unfortunately I never received the UBR form. Please note change of address and I apologize for any inconvenience this has caused. I am remitting my fees at this time and would appreciate the re-instatement of my corporate status. I appreciate your attention to this matter.

Thank you.

Sincerely,



Kathryn L. Babcock
President