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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

03 SEP -8 PM 4: 52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *P99000088455*

1. Corporation Name
ROOSEVELT RENTAL/LEASING, INC

200023022202
09/12/03--01060--023 **\$00.00

00-03 UBR

2. Principal Office Address 4920 N.W. 181 TERRACE		3. Mailing Office Address 4920 N.W. 181 TERRACE	
Suite, Apt. #, etc. N/A		Suite, Apt. #, etc. N/A	
City & State MIAMI FLORIDA		City & State MIAMI FLORIDA	
Zip 33055	Country USA	Zip 33055	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 10/06/99	
5. FEI Number 65-0956686	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name: DOMINIQUE M. LEROY

Street Address (P.O. Box Number is Not Acceptable): 169 EAST FLAGLER STREET

Suite, Apt. #, Etc.: SUITE 1428

City: MIAMI

State: FL Zip Code: 33131

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: _____

REGISTERED AGENT MUST SIGN

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
D	ROOSEVELT IVORY	4920 NORTHWEST 181ST TERRACE	MIAMI FLORIDA 33055

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: *Roosevelt Ivory*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone #: _____

CR2E081 (10/02)

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DOMINIQUE MARTIN LEROY

A PROFESSIONAL ASSOCIATION
ALFRED I. DUPONT BLDG. SUITE 1428-29
169 EAST FLAGLER STREET
MIAMI, FLORIDA 33131
(305) 373-4227 FAX (305) 373-1958

September 4, 2003

Florida Department of State
c/o Michelle Milligan
Division of Corporations
169 East Flagler Street,
Suite 1428-29
Miami, Florida 33133

Re: Roosevelt Rental/Leasing, Inc.
Reinstatement Application

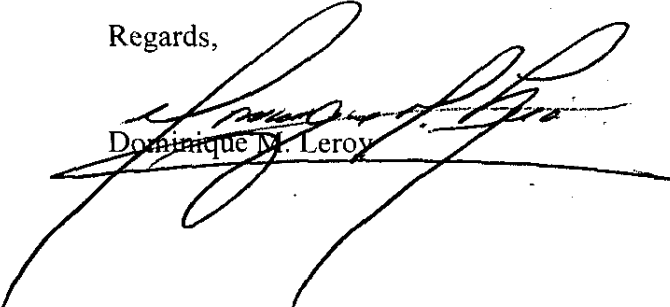
Dear Ms. Milligan,

Enclosed please find the application for Reinstatement for the above referenced. You and I spoke some time ago regarding the same situation with the client, not receiving his annual report at the reported address. *The client requested that our office waive the reinstatement fee.*

Therefore, enclosed please find the fee of \$600.00 and the application fee. I thank you in advance if you have any questions please do not hesitate to contact me at 305.373.4227

Time is of the essence in that a Real Estate closing is on hold until the corporation is active.

Regards,


Dominique M. Leroy