


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S15987		FILED 97 MAR 18 PM 12:18 SECRETARY OF STATE TALLAHASSEE, FLORIDA REINSTATEMENT 95-97 mwb	
1. Corporation Name RELIABLE FINANCIAL GROUP, INC.			
Principal Place of Business 2610 W. HILLSBOROUGH AV. SUITE B TAMPA FL 33614 US			
Mailing Address 2610 W. HILLSBOROUGH AV. SUITE B TAMPA FL 33614 US		DO NOT WRITE IN THIS SPACE	
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 12/04/1990	
Suite, Apt. #, etc.		5. FEI Number 59-3039506	
City & State		Applied For Not Applicable	
Zip		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
Country			
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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DPT	CLARK, JAMES R.	8709 COBBLESTONE DR.	TAMPA FL
SV	CLARK, CLARENCE W.	4201 KENSINGTON AVE.	TAMPA FL
D	CLARK, CHERYL A.	8709 COBBLESTONE DR.	TAMPA FL
700002120807--2 03/21/97 01094 015 ***1088.75 ***1088.75			
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
CLARK, JAMES R. 8709 COBBLESTONE DRIVE TAMPA FL 33615		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	
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.			
Signature of Registered Agent <i>J.R. Clark</i>		Date <i>3/6/97</i>	
REGISTERED AGENT MUST SIGN			
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box <input type="checkbox"/> (See other side for additional information.)			
12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)			
13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.			
<i>J.R. Clark Pres.</i>			

CR2E040 (6/95)