

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 NOV -3 AM 9:22

<b>DOCUMENT # 323586</b> 1. Entity Name RSS-CMHV, INC.			
Principal Place of Business 745 PINWOOD AVE LAKELAND, FL 33801		Mailing Address 745 PINWOOD AVE LAKELAND, FL 33801	
2. Principal Place of Business 3737 Tigercye CT. Suite, Apt. #, etc.		3. Mailing Address 3737 Tigercye CT. Suite, Apt. #, etc.	
City & State Mulberry, Florida Zip Country 33860 USA		City & State Mulberry, Florida Zip Country 33860 USA	
4. FEI Number 59-1233499		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  SMITH, ESTELLE 845 PINWOOD AVE. LAKELAND, FL 33801		7. Name and Address of New Registered Agent Name <u>Edgar I. Smith, JR.</u> Street Address (P.O. Box Number is Not Acceptable) <u>3737 Tigercye CT.</u> City <u>Mulberry</u> <u>FL</u> Zip Code <u>33860</u>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Edgar I. Smith, Jr.</u> DATE <u>10/31/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$750.00</b> <b>After January 1, 2007, Fee will be \$900.00</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME SMITH, ESTELLE STREET ADDRESS 845 PINWOOD AVE. CITY-ST-ZIP LAKELAND, FL	<input type="checkbox"/> Delete	TITLE President NAME Smith, Estelle STREET ADDRESS 825 Pinewood Ave. CITY-ST-ZIP Lakeland, FL 33815	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME SMITH, EDGAR I. STREET ADDRESS 845 PINWOOD AVE. CITY-ST-ZIP LAKELAND, FL	<input type="checkbox"/> Delete	TITLE Vice President NAME Smith, Jr. Edgar I. STREET ADDRESS 3737 Tigercye CT. CITY-ST-ZIP Mulberry, FL 33860	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME ASBURY, VORIA STREET ADDRESS 102 MELS DRIVE CITY-ST-ZIP LAKELAND, FL	<input type="checkbox"/> Delete	TITLE Treasurer NAME Asbury, Voria STREET ADDRESS 725 E. Maraden Ave. CITY-ST-ZIP Lakeland, FL 33803	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 900081493399 11/03/06--01018--017 **758.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Edgar I. Smith, Jr.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <u>10/31/06</u> DAYTIME PHONE # <u>(863) 425-3362</u>	

REINSTATEMENT 06



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