


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED PARTNERSHIP REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED
 10 APR 29 AM 11:35
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A04000000539

1. Name of Limited Partnership
 RTC DEVELOPMENT LTD.

800178906688
 04/29/10--01011--017 **3000.00

CR2E039 (1/07)

2. Principal Office Address - No P.O. Box # 1431 Orange Camp Rd. Suite, Apt. #, etc. Suite 116 City & State Deland, FL Zip 32724		3. Mailing Office Address 1431 Orange Camp Rd. Suite, Apt. #, etc. Suite 116 City & State Deland, FL Zip 32724	
Country US		Country US	

4. Date Formed or Registered To Do Business in Florida April 1, 2004	
5. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent Name Frank Cannon Street Address (P.O. Box Number is Not Acceptable) 1431 Orange Camp Rd. Suite, Apt. #, Etc. Suite 116 City Deland		State FL	Zip Code 32724
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7. FEES: Filing Fee(s): \$411.25 for each year due this office. Supplemental Fee(s): \$88.75 for each year due this office. Penalty Fee(s): \$500 for each year or part thereof limited partnership revoked on our records. <input checked="" type="checkbox"/> A \$500 penalty is due for each year or part thereof the entity's certificate of authority was revoked on our records, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$500 penalty fee(s) be waived.	
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9. Pursuant to the provisions of section 620.1810 or 620.1909, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes SIGNATURE (Registered Agent Accepting Appointment)  DATE 4/27/10 (REGISTERED AGENT MUST SIGN)	
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A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
RTC Development Corp.	1431 Orange Camp Rd. Suite 116	Deland, FL 32724	J56472
REINSTATEMENT 05-10 DB			

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, F.S. in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE  DATE 4/27/10	Type or Printed Name of General Partner Signing Form Frank Cannon, President Telephone Number 407-804-8949 ext. 204
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