02/06/2006 16:54 8508785926 CT CORPORATION SYSTM

02/06/2006 16:28 3127500782 CT CORP

FILED

06 FEB -7 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 02-7-06

DOCUMENT # F02000005112

1. Corporation Name

RCS Management Corporation of Indiana

2. Principal Office Address		3. Mailing Office Address	
16535 Southpark Drive		P.O. Box. 1013	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Westfield, IN		City & State: Westfield, IN	
Zip: 46074	Country: USA	Zip: 46074	Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 09/24/2002

5. FEI Number: 35-2012712 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation | State: FL | Zip Code: 33324

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: [signature] Date: 02/06/2006

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
P/D	Kevin Merritt,	16535 Southpark Drive	Westfield, IN 46704
S/T/D	Debra Griffith,	16535 Southpark Drive	Westfield, IN 46704

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: [signature] Debra Griffith 1/6/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FL01b - 01/04/2006 CT System Online

B. Mitchell FEB 7 2006

Division of Corporations

Florida Department of State

Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000033121 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5926

CORPORATION REINSTATEMENT

RCS MANAGEMENT CORPORATION OF INDIANA

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	$1,058.75

Electronic Filing Menu Corporate Filing Menu Help