

02/06/2006 16:54 2508785926

CT CORPORATION SYSTEM

02/06/2006 16:28 3127580782

CT CORP

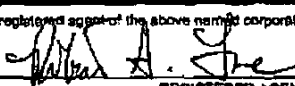
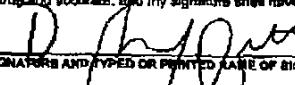
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F02000005112			
1. Corporation Name RCS Management Corporation of Indiana			
2. Principal Office Address 16535 Southpark Drive Suite, Apt. #, etc.		3. Mailing Office Address P.O. Box. 1013 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	
6. CERTIFICATE OF STATUS DESIRED ☒		Applied For Not Applicable	
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 807.0505 or 817.0503, F.S.			
Signature of Registered Agent 		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)			
Title	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
ST/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 807 or 817, 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 807.0401 or 817.0401, 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)(b), 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:  Debra Griffith 1/6/06			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date 02/06/2006			
Daytime Phone #			

2046

Division of Corporations

Florida Department of State
Division of Corporations
Public Access System

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Division of Corporations
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From:

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Account Number : FCA000000023
Phone : (850) 222-1092
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CORPORATION REINSTATEMENT**RCS MANAGEMENT CORPORATION OF INDIANA**

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