

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

05 JUL 13 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000024089

1. Corporation Name

RC & E DEVELOPMENT
I.N.C.

2. Principal Office Address

7200 SW 165 ST

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33157

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

03-05

4. Date Incorporated or Qualified
To Do Business in Florida

3/2/2000

5. FEI Number

020543318

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CHARLES D JOSEPH

Street Address (P.O. Box Number is Not Acceptable)

7200 SW 165 ST

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33157

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

Charles D Joseph
REGISTERED AGENT MUST SIGN

Date 7-12-05

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
PRES	CHARLES D JOSEPH	7200 SW 165 ST	MIAMI FL 33157
SEC	MARIE ELSIE JOSEPH	7200 SW 165 ST	MIAMI FL 33157
			500057892225 07/26/05--01007--020 **500.00
			500057892225 07/26/05--01007--021 **500.00
			500057892225 07/26/05--01007--022 **50.00

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:

Charles D Joseph
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-12-05

Date

Daytime Phone #

CR2E081 (01/05)