APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

H01000113033 FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 NOV 7 AM 9:26

DOCUMENT # P00000040891

1. Corporation Name

RTC, INC.

Principal Place of Business	Mailing Address
304 GOLFVIEW RD., #207 N. PALM BCH FL 33408	304 GOLFVIEW RD., #207 N. PALM BCH FL 33408

REINSTATEMENT 01

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, if Applicable: 115 CHATHAM CT.
Suite, Apt. #, etc.
City & State: BOYNTON BEACH, FL
Zip: 33436 Country

3. New Mailing Office Address, if Applicable
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 04/19/2000

5. FEI Number: [X] Applied For [ ] Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	RICHARD T. COCHRAN	115 CHATHAM CT.	BOYNTON BEACH, FL 33436

8. Name and Address of Current Registered Agent

KEELEY, JOSEPH F
2424 N. FEDERAL HWY., SUITE 314
BOCA RATON FL 33431

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) AD
Suite, Apt. #, Etc.
City State: FL Zip Code

CR2E040 (6/01)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Joseph F. Keeley Date: 11/1/01
REGISTERED AGENT MUST SIGN

11. 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: Richard T. Cochran 10/31/01 561-734-1227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Division of Corporations

SHC

Florida Department of State

Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

RESUBMIT
Please give original submission date as file date.

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.

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

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)521-1030

CORPORATION REINSTATEMENT

RTC, INC.

Certificate of Status	0
Certified Copy	0
Page Count	3
Estimated Charge	$750.00