

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUN 25 AM 11:29

DOCUMENT # P00000067403

1. Corporation Name

RC Property Investments, Inc

REINSTATEMENT 01-03

2. Principal Office Address

3820 W Azeele ST

Suite, Apt. #, etc.

102

City & State

Tampa, FL

Zip

33609

Country

3. Mailing Office Address

PO BOX 20653

Suite, Apt. #, etc.

#

City & State

Tampa, FL

Zip

33622-0653

Country

4. Date Incorporated or Qualified
To Do Business in Florida

7/12/2000

5. FEI Number

65-1026608

Applied For -

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

500021130795

06/25/03--01024--001 **1058.75

7. Name and Address of Current Registered Agent

Name

Roberta Clark

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

3820 W Azeele ST #102

Suite, Apt. #, Etc.

#102

City

Tampa

State
FL

Zip Code

33609

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

Roberta Clark

Date

6/20/2003

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
Pres/Sec/D	Roberta Clark	3820 W Azeele ST #102	Tampa, FL 33609

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:

Roberta Clark Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/20/03

Daytime Phone #

813-468-0262

CR2001 (10-02)