PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE CORPORATION Jim Smith 03 MAR 18 AM 8:49 REINSTATEMENT Secretary of State DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # POI 0000 13629 RAC COMMUNICATIONS **400009795064** 01/03/03--01009--003 **150.00 2. Principal Office Address 3. Mailing Office Address Suite, Apt. #, etc. Date Incorporated or Qualified To Do Business in Florida City & State JANUARY 2001 PRINGS, FL 5. FEI Number Applied For -65-1075028 Not Applicable Country 330*65* USA \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED for a Certificate of Status 7. Name and Address of Current Registered Agent 400003795064 03/18/03--01011--013 **150.(Zip Code 33065 PRINGS 8. I, being appointed the register above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of 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 → Street Address of Each≒ Officers and/or Directors City / State / Zip Officer and/or Director 8613 NW 35TH STREET CURAL SPRINGS, FL. 33065 -8613-NW-52"0-PLACE-8613 NW 35TH ST CORAL SPRINGS, FL. 33065 secret* 8613 NW 52" PLACE CORAL SPRINGS, FL. 33067 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 filling 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 urate, and my signature shall have the same legal effect as if made under oath. SIGNATURE: D NAME OF SIGNING OFFICER OF DIRECTOR

2/1/9

Daytime Phone #

RAC COMMUNICATIONS INC.

8613 NW 35th Street Coral Springs, Fl. 33065 Office# 954-753-2814 Fax# 954-753-2814

March 10, 2003

Division of Corporations
Annual Report/Reinstatement Section
PO Box# 6327
Tallahassee, Fl. 32314-6327

Ref. Number: P01000013629 Letter# 403A00010407

Dear Division of Corporation Administrator,

Please accept our company check for \$150.00 for the 2003 Corporation renewal fee and reinstate our corporation. As per my phone conversation, yesterday with Cathy(one of your agents), we never received our renewal because of an incorrect mailing address. Cathy said, 'That if we send in the additional \$150.00 for 2003, and with the \$150.00 that you already have that you would renew our corporation.

We were in an office building, and one of the tenants recently brought us this dissolution letter. We have only been in business since January 2001.

We are aware of our responsibility to file our annual report every year by May 1 of each year and we thank you for this one time waiver of late fees.

Sincerely,

Anthony N. Caggiano