

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 29 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000016749

1. Corporation Name

RAC PRODUCTIONS, INC.

Principal Place of Business

Mailing Address

1921 COUNTRY CLUB RD. N.
SAINT PETERSBURG FL 33710

1921 COUNTRY CLUB RD. N.
ST. PETERSBURG FL 33710-3807

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/12/2001

5. FEI Number

59-3697352

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	CRABTREE, ROBERT A JR	1921 COUNTRY CLUB RD. N.	ST. PETERSBURG FL 33710

700024253647
10/29/03--01053--026 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CRABTREE, ROBERT A JR
1921 COUNTRY CLUB RD. N.
ST. PETERSBURG FL 33710-3807

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
SIGNATURE REQUIRED

Date

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:

[Signature]
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

RAC INVESTIGATIONS
P.O. Box 41472
St Petersburg, FL 33743-41472
727 344-5771

Dear sirs;

After speaking with one of your representatives, I am following his instructions. I received Application for reinstatement in the mail. Before receiving this application I had not correspondence from your department at all, no notification of dues to be paid or to the fact that no notification was sent to me, I am enclosing the requested \$150 and I appreciate your understanding of the misunderstanding.

Thank you,


Robert Crabtree