

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

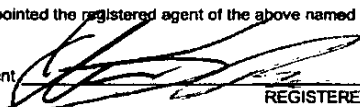
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REINSTATEMENT
CR2E081 (12/05) 02-07

CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P01000065408</u>	
1. Corporation Name <u>RCR A/C INC.</u>	
2. Principal Office Address <u>705 ZEMIL CT</u> Suite, Apt. #, etc.	3. Mailing Office Address <u>P.O. BOX 60894</u> Suite, Apt. #, etc.
City & State <u>FT MYERS FL.</u>	City & State <u>FT. MYERS FL.</u>
Zip <u>33913</u> Country <u>LEE</u>	Zip <u>33906</u> Country <u>LEE</u>

4. Date Incorporated or Qualified To Do Business in Florida <u>6-28-01</u>	
5. FEI Number <u>65-1134597</u>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name <u>SCOTT F. NELSON</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>4890 W. KENNEDY BLVD</u>		
Suite, Apt. #, Etc. <u>240</u>		
City <u>TAMPA</u>	State <u>FL</u>	Zip Code <u>33609</u>

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 	Date <u>1-11-07</u>
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
<u>D</u>	<u>ROBERT E SIMONDS</u>	<u>PO BOX 60894</u>	<u>FT MYERS FL 33906</u>
<u>D</u>	<u>CAROLYN SIMONDS</u>	<u>PO BOX 60894</u>	<u>FT MYERS FL 33906</u>

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 contained in Chapter 119, 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: <u>Robert E Simonds</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <u>1-11-07</u> Daytime Phone #

January 11, 2007

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Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Corporate Reinstatement, RCR A/C, Inc.
Document # P01000065408

Dear Sirs,

Please use this letter as my means of informing you that I never received the annual report notice in 2002.

I did not have any way of knowing that my corporation was to be dissolved.

Please accept this check for \$750.00 as payment for reinstatement.

Please contact me at this phone number if there are any problems.

239-303-0013

Respectfully,



Robert E. Simonds, Director
RCR A/C, Inc.

Barbara,

Could not download annual report
until status is reinstated.

Sincerely
Robert Simonds