

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Bureau of Corporations and Records Administration	
P01000083119			
DOCUMENT# P01000083119			
1. Corporation Name R.P.S. INC.			
2. Principal Office Address 39 Lorillard PL		3. Mailing Office Address 39 Lorillard PL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ORMOND BEACH FL		City & State ORMOND BEACH FL	
Zip 32174	Country USA	Zip 32174	Country USA
4. Date Incorporated or Qualified To Do Business in Florida 8/22/2001		5. FEI Number 59-3746372	
		Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name ROBERT SCUTERI			
Street Address (P.O. Box Number is Not Acceptable) 39 LORILLARD PL			
Suite, Apt. #, Etc.			
City ORMOND BEACH		State FL	Zip Code 32174

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

Robert Scuteri
REGISTERED AGENT MUST SIGN

Date **7.30.04**

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
None			
Pres	Robert Scuteri	39 Lorillard PL	ORMOND BEACH, FL 32174
			601039782976
			08/02/04--01041--004 **458.75

REINSTATEMENT 02-04

W/O Penalty

CWS JB

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Scuteri

7/30/09

Date

386-441-3777

Daytime Phone #

CR2E081 (07/04)

FILED
SEP 1 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**Florida Department of State
July 30, 2004**

**document # p01000083119
FEI # 593746372**

To Whom it may concern:

**Please allow us to wave the reinstatement fee for our corporation.
When we incorporated in 2001, we did not understand that we
had to send in our fees in January, and we never received applications
for our annual reports. We really do not have the funds at this time
for such a large fee, and would appreciate your help.**

**I now know the regulations I need to follow, and will be completely
compliant with the state.**

**Thank you so much.
Sincerely,**

A handwritten signature in black ink, appearing to read "Pat Scuteri", written over a horizontal line.

Robert and Patricia Scuteri