

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P01000099934			
1. Corporation Name RCICA, INC.			
2. Principal Office Address 19390 COLLINS AVE. Suite, Apt. #, etc. APT 1125 City & State SUNNY ISLE BEACH, FL Zip Country 33160 USA		3. Mailing Office Address 19390 COLLINS AVE. Suite, Apt. #, etc. APT 1125 City & State SUNNY ISLE BEACH, FL Zip Country 33160 USA	
		4. Date Incorporated or Qualified To Do Business in Florida 10/12/2001	
		5. FEI Number 65-1154847	
		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 RACHIL BRACHA			
Street Address (P.O. Box Number is Not Acceptable) 19390 COLLINS AVE.			
Suite, Apt. #, Etc. APT 1125			
City SUNNY ISLE BEACH		State FL	Zip Code 33160
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 12/31/02	
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
PVSTD	RACHIL BRACHA	19390 COLLINS AVE. APT 1125	SUNNY ISLE BEACH, FL 33160
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)(b), 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	
[Signature]		RACHIL BRACHA	
		Date 12/31/02	
		Daytime Phone # 305-614-4109	

Seth M. Lipson

CERTIFIED PUBLIC ACCOUNTANT

December 3, 2002

**Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**

**In Re: RCICA, Inc.
Corporation Reinstatement**

Gentlemen:

Enclosed please find the Corporate Reinstatement form for the above noted corporation with a check for \$150 to the Department of State. The taxpayer DID NOT receive the package from the state for timely filing and certainly would have done so in a timely manner if the forms had been received.

Your cooperation in this matter is greatly appreciated.

Sincerely,



Seth M. Lipson

**1920 PALM BEACH LAKES BOULEVARD
SUITE 204
WEST PALM BEACH, FL 33409
(561) 478-1011
(561) 478-0661 FAX**

December 12, 2002

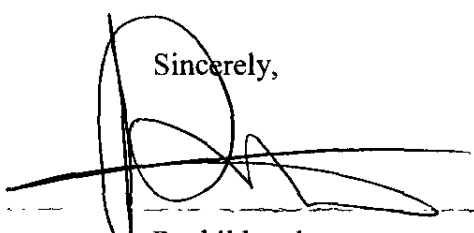
Department of state
Division of Corporations
P.O box 6327
Tallahassee fl, 32314

In Re: RCICA , Inc.
Corporation Change of address

Gentlemen:

Please be advice that the address has been changed to: 3400 NE 192 st unit# 1401
AVENTURA FL 33180

Sincerely,



Rachil bracha