

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 DEC 26 AM 8:57

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P01000109028**

1. Corporation Name

R.C. III INC.

Principal Place of Business

Mailing Address

625 TRAVERS AVE.
 FORT MYERS FL 33919

625 TRAVERS AVE.
 FORT MYERS FL 33919

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

11/13/2001

5. FEI Number

105-1152017

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status



REINSTATEMENT 02

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	CAMPAGNOLO, ROGER III	625 TRAVERS AVE	FORT MYERS FL 33919

200009654992
 12/24/02--01004--035 **758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CAMPAGNOLO, ROGER III
 625 TRAVERS AVE
 FORT MYERS FL 33919

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 REQUIRED

Date 12/15/02

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/15/02

Daytime Phone #

(239) 730-7808

CR2040 (8/02)