PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	FILED 03 DEC -9 PM 3: 00
DOCUMENT # POQ OOOO72708 1. Corporation Name		SECRETARY UF STATE TALLAHASSEE, FLORIDA
RS BOBCAT,	Inc.	
2. Principal Office Address 3671 23 RD Ave. South Suite, Apt. #, etc. BAY # 1 A City & State LAKE WORTH, FL Zip Country 33461 USA	3. Mailing Office Address 3671 23RD Ave Swring Suite, Apt. #, etc. Bay # 1 A City & State Lake Worth, FL Zip Country 33461 USA	4. Date Incorporated or Qualified To Do Business in Florida 7-2-02 5. FEI Number Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent Name RAUL F SCHERER Sueet Address (P.O. Box Number is Not Acceptable) 36-71 13 RD Ave South Suite, Apt. #, Etc. BAY # 1 A		
LAYS/WORTH, FL 8. I, being appointed the registered agent of the bove named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN		
Titles Name of	d/or Director (Florida nonprofit corporations must list at le Street Address of Each	City / State / 7 in
PD RAUL F. ScHe	BAY # IA	
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 filling 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 said 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 Date Daytime Phone if		



R S BOBCAT, INC.

3671 23RD AVE., SOUTH BAY #1A LAKE WORTH, FLORIDA 33461 561-533-7853

December 3, 2003

Division of Corporations Annual Reports Filings PO Box 1500⁺ Tallahassee, Florida 32302

Dear Sir or Madam:

Enclosed please find the Florida Corporation Reinstatement form for our company, RS Bobcat, Inc., P02000072708 along with our check for \$158.75. We recently discovered that our corporation had been administratively dissolved when attempting to open a new bank account and now respectfully file to have it reinstated. We have no record of having ever received any correspondence from your office probably due to the fact that the address of record is that of our old accounting firm who had incorporated us using his address. Our company was never forwarded any filing forms. We just incorporated in 2002 and this would be the first time we have had to file an annual report and surely would have done so immediately had we received it.

Per instructions from your office we obtained a copy of the reinstatement form and are immediately remitting it with payment. We are a small family owned corporation and are compliant with the IRS and Florida Department of Revenue in regards to all tax filings and payments.

We understand the need to have enforcement and compliance penalties, but feel that it is not warranted in this case. Such an added penalty would be an unbearable burden to this company as it is the sole support for my family and cannot afford large unexpected expenses such as the reinstatement penalties.

We appreciate your kind assistance in this regard and you have our assurances that we are now aware of the state's filing procedures.

Sincerel .

Raul F. Scherrer

President