PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DOCUMENT # PO3000058566 1. Corporation Name 2. Principal Office Address 3. Nating Office Address 3. Nating Office Address 4. Date Incorporated or Cluster No. 10 to Busing Office Address 4. Date Incorporated or Cluster No. 10 to Busing Office Address 5. Fill Number 80 - 0.08 2402 Angles Fill No. 10 to Busing Office Address 5. Fill Number 80 - 0.08 2402 Angles Fill No. 10 to Busing Office Address 5. Fill Number 80 - 0.08 2402 Angles Fill No. 10 to Busing Office Address 5. Fill Number 80 - 0.08 2402 Angles Fill No. 10 to Busing Office Address 5. Fill Number 80 - 0.08 2402 Angles Fill No. 10 to Busing Office Address 5. Fill Number 80 - 0.08 2402 Angles Fill No. 10 to Busing Office Address 5. Fill Number 80 - 0.08 2402 Angles Fill Number 10 to Busing Office Address 5. Fill Number 80 - 0.08 2402 Angles Fill Number 10 to Busing Office Angles Fil	CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	F1LED 050CT 31 PH 12: 08	
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20 344966 Country 7. Name and Address of Current Registered Agent Name Name Name Name Name Name Name Street Address of Status State		# 1 · ·	5. FEI Number 20 -002 7-402 Applied For	
Name CRESENAS AND PRO Street Address (P.O. Box Number is Not Acceptable) Surte, Apt. #, Etc. City Dat 57: LVC/E State Zig.Code State Zig.C			6. CERTIFICATE OF STATUS DESIDED 58.75; Additional Fee required	
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Surb. Apt. 4, Etc. City Dat 57: LVC/E State State State Signature of Registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S. Signature of Registered Agent 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 Officer and for Directors City / State / Zip PD CARPENAS AN PARO 225 NW MARKOLIA ARE BLA PORT ST LVCE, FL344985 5VD - CARD JENAS ROBERTO - 235 NW MARKOLIA ARE BLA PORT ST LVCE, FL344985 4000 E 1004 E 100	7. Name and Address of Current Registered Agent			
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 817.0503, F.S. Signature of Registered Agent	CARDENAS AM PARO Street Address (P.O. Box Number is Not Acceptable) 225 NW MASNOUA VAKES BLVD Suite, Apt. #, Etc.			
Signature of Registered Agent	DORT ST. LUCIE State Sign Code 986			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles				
Titles Name of Officers and/or Directors Officer and/or Directors Officer and/or Director City / State / Zip PTD CARPENDS AN PARO 225 NW MASKADIA LASE BLA PORT STLUCTE, FL3UABB SVD-CARDENAS ROBERTO-225 NW MASKADIA LASE BLA PORT STLUCTE, FL3UABB	Registered Agent Date // REGISTERED AGENT MUST SIGN			
Officer and/or Directors Officer and/or Director City/State/Zip Don't St Lucie, Flauphb SVD- CARD JENA'S ROBERTO-22S NW MAKROLIA LAKE-BUD Don't St Lucie, Flauphb				
SVD- CARDENAS POBERTO-22S NV MAGNO/A LAKE-BUD- PAT SF LUGE, FL34988- 4 000 E 10 4 0 3 4 4 10/31/0501038010 ***308.75 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 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		rs Officer and/or Directo	City / State / Zip	
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylimo Phone #				

October 27, 2005

Uniform Business Report Division of Corporations P.O. Box 1500 Tallahassee, FL 32302

Re: Uniform Business Report & Reinstatement RC HOME THEATER & AUTOMATION, INC P03000058560

Dear Sirs:

Attached please find Business Report and Reinstatement for above mention Corporation and check in the amount of \$ 308.75

We did not receive the 2004/2005 business report in time to file, is possible for address changed. Please accept the attached check in the amount of \$ 308.75 for 2004 and 2005 Uniform Business Report and Certificate of Status and waive the fee for reinstatement.

If further information is needed please contact me phone number 305-994-3288

President

225 NW Magnolia lake Blvd Port St. Lucie, FL, 34986