


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P04000021512**

1. Entity Name  
**R & C INVESTORS, CORP.**



FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

06 MAY 25 AM 7:59

**REINSTATEMENT 05-06**



Principal Place of Business  
**5511 SW 8 STREET STE 202  
 MIAMI, FL 33134**

Mailing Address  
**5511 SW 8 STREET STE 202  
 MIAMI, FL 33134**

2. Principal Place of Business  
**5971 SW 88TH ST.**

3. Mailing Address *C/O CISNEROS*  
**5971 S.W. 88TH ST.**

Suite, Apt. #, etc.

05152006 REIN-P CR2E098 (11/05)

City & State  
**MIAMI, FL**

City & State  
**MIAMI, FL**

Zip **33156** Country

4. FEI Number Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent  
**CISNEROS, LOPEZ  
 5511 SW 8 STREET STE 202  
 MIAMI, FL 33134**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name  
**Mercedes L. CISNEROS**

Street Address (P.O. Box Number is Not Acceptable)  
**5971 SW 88TH ST.**

City **MIAMI** FL Zip Code **33156**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *M. Cisneros* DATE: **5/15/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RODRIGUEZ, OSCAR <input checked="" type="checkbox"/> Delete 5511 SW 8 STREET STE 202 MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CISNEROS, LOPEZ <input checked="" type="checkbox"/> Delete 5511 SW 8 STREET STE 202 MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Mercedes Lopez Cisneros <input type="checkbox"/> Delete 5971 SW 88TH ST. MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>100075879411</b> <b>06/06/06--01023--007 **300.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Mercedes Lopez Cisneros <input checked="" type="checkbox"/> Change 5971 SW 88TH ST. MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *M. Cisneros* DATE: **5/15/06** DAYTIME PHONE #: **305-480-1234**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR