
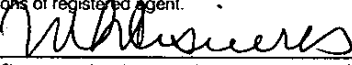
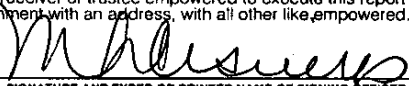


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P04000021512</b> 1. Entity Name <b>R &amp; C INVESTORS, CORP.</b>				FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  <b>06 MAY 25 AM 7:59</b>	
Principal Place of Business <b>5511 SW 8 STREET STE 202 MIAMI, FL 33134</b>		Mailing Address <b>5511 SW 8 STREET STE 202 MIAMI, FL 33134</b>			
2. Principal Place of Business <b>5971 SW 88TH ST.</b>		3. Mailing Address <b>C/O CISNEROS</b> <b>5971 S.W. 88TH ST.</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>MIAMI, FL</b>		City & State <b>MIAMI, FL</b>		4. FEI Number 	
Zip <b>33156</b>		Country 		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CISNEROS, LOPEZ 5511 SW 8 STREET STE 202 MIAMI, FL 33134</b>		7. Name and Address of New Registered Agent Name <b>MERCEDES L. CISNEROS</b> Street Address (P.O. Box Number is Not Acceptable) <b>5971 SW 88TH ST.</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33156</b>			
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: 		DATE: <b>5/15/06</b>			
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)			
<b>FILE NOW!!! FEE IS \$300.00</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>RODRIGUEZ, OSCAR</b> <input checked="" type="checkbox"/> Delete <b>5511 SW 8 STREET STE 202</b> <b>MIAMI, FL 33134</b>		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	DV <b>CISNEROS, LOPEZ</b> <input checked="" type="checkbox"/> Delete <b>5511 SW 8 STREET STE 202</b> <b>MIAMI, FL 33134</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>MERCEDES LOPEZ CISNEROS</b> <input type="checkbox"/> Delete <b>5971 SW 88TH ST.</b> <b>MIAMI, FL 33156</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>MERCEDES LOPEZ CISNEROS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5971 SW 88TH ST.</b> <b>MIAMI, FL 33156</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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: 		DATE: <b>5/15/06</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: <b>305-480-1234</b>			