APPROVED. AND PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT		Secretary	TMENT OF STATE y of State orporations		07 NOV 30 AM IO SECRETARY OF ST TALLAHASSEE, FLO	ATE	
DOCUMENT # P04000023486 1. Corporation Name RC EXPRESS DELIVERY & DRIVERS SERVICES, INC				12.3.07			
2. Principal Office Address - No f		3. Mailing Office Addres		REI	NSTATE/V	1ENT 05-2	
City & Stape OR (AUDO) SZIP Country	Fbeisa)SÁ	City & State PW (Zip 32826	DF DRISA Country VSA	5. FEI Number 2 6.	-070520	Applied For Not Applicable dditional Fee required Certificate of Status	
Name Registered Agent Name Registered Agent Street Address (P.O. Bpx Number is Not Acceptable) Suite, Apt. #, Etc.				The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.			
State State 32826 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the oblice Signature of Registered Agent Registered Agent REGISTERED AGENT MUST SIGN					Date Date		
9. Names and Street Addresses		or Director (Florida nonpro	·			-	
Titles Officer	Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Z	Zíp	
P KAFAE	KAFAEL COLON		14218 WING FOST R		ORLANDO, FI	32826	
				11/30	01127296 70701049014	ら 4 **450,00	
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 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 contained in Chapter 119, 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 SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR Date Date Phone #							

RC EXPRESS DELIVERY & DRIVERS SERVICES, INC

14218 WING FOOT RD ORLANDO, FL 32826

> (407) 414-0544 P04000023486

November 28, 2007

To Whom It May Concern,

This letter is to inform you that I never received the Department State Forms for the Annual Report for the years 2005, 2006 and 2007, Please waive the penalties. I am inclosing a check for \$450.00 If you have any questions, please do not hesitate to contact me.

Sincerely,

Kafail Glon

Rafael Colon, President