

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 NOV 30 AM 11:04

DOCUMENT # **P04000158238**

1. Corporation Name

RTC carrier, INC.

2. Principal Office Address - No P.O. Box #

475 N. ARBOLEDA

Suite, Apt. #, etc.

3. Mailing Office Address

475 N. ARBOLEDA

Suite, Apt. #, etc.

City & State

Clewiston, FL

City & State

Clewiston, FL

Zip

33440

Country

USA

Zip

33440

Country

USA

7. Name and Address of Current Registered Agent

Name

TINA M. BRACCIALE

Street Address (P.O. Box Number is Not Acceptable)

475 N. ARBOLEDA

Suite, Apt. #, Etc.

City

Clewiston

State

FL

Zip Code

33440

8. I, being appointed the registered agent of the above 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

Date **10-27-09**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	TINA M. BRACCIALE	475 N. ARBOLEDA	Clewiston, FL 33440
VP	Rolando Carreno	475 N. ARBOLEDA	Clewiston, FL 33440

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-27-09 (863) 983-2520

Date

Daytime Phone #

REINSTATEMENT 05-09 KS