

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2006 SEP 25 PM 12:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09212006 REIN-P CR2E098 (11/05)

DOCUMENT # P05000081209 1. Entity Name R. C. NATIONAL COMMUNICATIONS INC.					
Principal Place of Business 14931 PARK LAKE DR - # 212 FT MYERS, FL 33919			Mailing Address 14931 PARK LAKE DR - # 212 FT MYERS, FL 33919		
2. Principal Place of Business 1406 nw 8th PL Suite, Apt. #, etc.		3. Mailing Address SAME Suite, Apt. #, etc.			
City & State CAPE CORAL FL		City & State _____		4. FEI Number 342049192	
Zip 33993		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOPEZ, RAMSEY J 14931 PARK LAKE DR - # 212 FT MYERS, FL 33919			7. Name and Address of New Registered Agent Name Ramsey J. Lopez Street Address (P.O. Box Number is Not Acceptable) 1406 nw 8th PL City CAPE CORAL FL Zip Code 33993		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME CRUZ, ORESTES STREET ADDRESS 14931 PARK LAKE DR - # 212 CITY-ST-ZIP FT MYERS, FL 33919	<input checked="" type="checkbox"/> Delete		TITLE P NAME LOPEZ, RAMSEY J. STREET ADDRESS 1406 nw 8th PL CITY-ST-ZIP CAPE CORAL, FL 33993	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE S NAME LOPEZ, RAMSEY J STREET ADDRESS 14931 PARK LAKE DR - # 212 CITY-ST-ZIP FT MYERS, FL 33919	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete		<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 _____ Daytime Phone # _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					