2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000158424

Entity Name: R C ENTERPRIZES, INC

FILED Oct 09, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1025 LAKE EVA CIRCLE US HAINES CITY, FL 33844 **Current Mailing Address: New Mailing Address:** 1025 LAKE EVA CIRCLE HAINES CITY, FL 33844 US FEI Number: 41-2187954 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BARRETT, CATHRYN L 1025 LAKE EVA CIRCLE HAINES CITY, FL 33844 US 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. SIGNATURE: CATHRYN LUANN BARRETT Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition BARRETT, RANDY L BARRETT, RANDY L Name: Name: 1025 LAKE EVA CIRCLE 1025 LAKE EVA CIRCLE Address: Address: City-St-Zip: HAINES CITY, FL 33844 US City-St-Zip: HAINES CITY, FL 33844 US VΡ Title: Title: () Delete (X) Change () Addition BARRETT, CATHRYN L Name: BARRETT, CATHRYN L Name: 1025 LAKE EVA CIRCLE 1025 LAKE EVA CIRCLE Address: Address: HAINES CITY, FL 33844 US HAINES CITY, FL 33844 US City-St-Zip: City-St-Zip: Title: SEC () Delete Title: () Change () Addition DICKS, CAROLYN J Name: Name: 3114 SANDY CIRCLE Address: Address: City-St-Zip: HAINES CITY, FL 33844 US City-St-Zip: Title: TRES () Delete Title: () Change () Addition DICKS, JOHN E Name: Name: Address: 3114 SANDY CIRCLE Address: City-St-Zip: HAINES CITY, FL 33844 US City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATHRYN LUANN BARRETT P 10/09/2007