

2007 FOR PROFIT CORPORATION REINSTATEMENT


112

FILED

2007 OCT 29 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P06000015710					
1. Entity Name KSCC, INC.					
Principal Place of Business 15224 S TRANQUILITY LAKE DR DELRAY BEACH, FL 33446			Mailing Address 15224 S TRANQUILITY LAKE DR DELRAY BEACH, FL 33446		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 10152007 REIN-P CR2E098 (1/07)	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FEIT, KEVIN N 1015 SPANISH RIVER RD APT 211 BOCA RATON, FL 33432			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <u>Kevin N. Feit</u> Pres. 10/26/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$750.00 After January 1, 2008, Fee will be \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FEIT, KEVIN N 1015 SPANISH RIVER RD APT 211 BOCA RATON, FL 33432	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500111461025 10/29/07--01064--025 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FEIT, RENEE Y 15224 S TRANQUILITY LAKE DR DELRAY BEACH, FL 33446	<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	
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: <u>Kevin N. Feit</u> President 10/26/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

954-608-0154

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FAX MEMO

TO: Florida Dept of State

DATE: 10/26/07

FROM: KEVIN FEIT

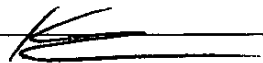
RE: P06000015710

Dear Madame or Sir,

Per my conversation with your office today
enclosed is a check for \$150⁰⁰. This is a
new corporation (RSCC, Inc) and I
did not receive the original notice
from your office earlier in time for
submit an "ANNUAL report".

Thank you for your help.

Kevin N. Feit



President for RSCC, Inc

954-608-0154

561-393-7047 FAX