2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000060757

Name:

Address:

City-St-Zip:

DI FULVIO, SARAH

FORT LAUDERDALE, FL 333450699

PO BOX 450699

FILED Apr 15, 2009 Secretary of State

Entity Nai	me: RAPID	RESULTS FINANCIAL INC				
Current Principal Place of Business:				New Principal Place of Business:		
1560 SAWGRASS CORP PARK 4TH FL C/O STALLION CAPITAL MANAGEMENT LLC FORT LAUDERDALE, FL 33323				717 SE 6TH ST FORT LAUDERDALE, FL 33301		
Current Mailing Address:				New Mailing Address:		
PO BOX 450699 C/O STALLION CAPITAL MANAGEMENT LLC FORT LAUDERDALE, FL 333450699				717 SE 6TH ST FORT LAUDERDALE, FL 33301		
FEI Number:		FEI Number Applied For ()	FEI Nur	nber Not Applicable (X)	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
STALLION CAPITAL MANAGEMENT LLC 1560 SAWGRASS CORP PARKWAY 4TH FLOOR FORT LAUDERDALE, FL 33323 US The above named entity submits this statement for the purpose in the State of Florida.				DI FULVIO, DANIEL J 717 SE 6TH ST FORT LAUDERDALE, f changing its registered		
SIGNATURE: \S\DANIEL J DI FULVIO				04/15/2009		
	Electr	onic Signature of Registered	Agent		Date	
		193(2)(b), F.S., the corporation di ing Trust Fund Contribution ().	d not receive t	he prior notice.		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DI FULVIO, E PO BOX 450			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DI FULVIO, K PO BOX 450			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	VP	() Delete		Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: \S\DANIEL DI FULVIO Ρ 04/15/2009