


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2009 CORPORATION ANNUAL REPORT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA 09 JUN 30 AM 3:43
DOCUMENT # <u>P08000062596</u>			
1. Corporation Name <u>UCRC HOLDINGS INC.</u>			
2. Principal Office Address - No P.O. Box # <u>3838 N. UNIVERSITY DR</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>SAME</u> Suite, Apt. #, etc.	
City & State <u>SUNRISE FL</u>		City & State _____	
Zip <u>33351</u>	Country <u>US</u>	Zip _____	Country _____
7. Name and Address of Current Registered Agent Name <u>GARY F. HOSTE</u> Street Address (P.O. Box Number is Not Acceptable) <u>3838 N. UNIVERSITY DR</u> Suite, Apt. #, Etc.		4. Date Incorporated or Qualified To Do Business in Florida <u>06/28/2008</u>	
City <u>SUNRISE</u>		State <u>FL</u>	Zip Code <u>33351</u>
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 <u>[Signature]</u> REGISTERED AGENT MUST SIGN Date <u>6/26/09</u>		5. FEI Number <u>262892352</u>	
		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
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
<u>PO</u>	<u>GARY F. HOSTE</u>	<u>3838 N. UNIVERSITY DR</u>	<u>SUNRISE FL 33351</u>
900157967919 06/30/09--01005--015 **158.75			
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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>6/26/09</u> Daytime Phone # _____	

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June 26, 2009

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Document # P08000065296
EIN: 26-2892352
2009 Corporate Annual Report

Re: UCRC Holdings, Inc.

Gentlemen:

I wanted to inform you that UCRC Holdings, Inc. did not receive any notice or email to file the 2009 Corporate Annual Report. Enclosed please find the 2009 Reinstatement Corporate Annual Report properly marked that UCRC Holdings, Inc. did not receive proper notice to file the Corporate Annual Report. In addition, per the instructions on the 2009 Corporate Annual Report, please waive any penalty that may be attached due to the failure to receive the notice to file the 2009 Annual Report.

Thank you,

A handwritten signature in black ink, appearing to read "Gary Hoste", written in a cursive style.

Gary F. Hoste, President