

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000008260

1. Corporation Name

DRCM Inc.

03 SEP 18 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA600022893736
09/23/03--01001-018 ***215.00

2. Principal Office Address 1512 Main Street Suite, Apt. #, etc.		3. Mailing Office Address 1512 Main Street Suite, Apt. #, etc.	
City & State Sarasota, FL 34236		City & State Sarasota, FL 34236	
Zip	Country	Zip	Country
7. Name and Address of Current Registered Agent Name Ronald S. Campian Street Address (P.O. Box Number is Not Acceptable) 3086 Eden Mills Drive Suite, Apt. #, Etc.		600022893736 09/09/03-01099-010 ***165.75	
City Sarasota		State FL	Zip Code 34237
4. Date Incorporated or Qualified To Do Business in Florida 10/25/1992			
5. FEI Number 65-0375669		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			

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

Date 9/4/2003

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
Pres.	Deborah M. Mitchell	3086 Eden Mills Drive	Sarasota, FL 34237
V-Pres.	Ronald S. Campian	3086 Eden Mills Drive	Sarasota, FL 34237

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 under section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/4/2003 941-952-0358

Date

Daytime Phone #

CR2E81 (10/02)

11/18

DRCM inc dba Kennedy Studios
1512 Main Street
Sarasota, FL 34236

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
Attn: Justin Shivers

Dear Mr. Shivers:

As per our conversation of Sept. 15, 2003 I am resubmitting this letter and including a check in the amount of \$215.00 for reinstatement. Please expedite the process for us.

We have just been informed that we were dissolved as an "S" Corporation. We were unaware that a yearly fee was required and did not receive any notice of a renewal fee. Apparently the notices were sent to a previous address.

We have been paying taxes and filing all our forms under DRCM inc dba Kennedy Studios for over 10 years and it was never brought to our attention before this week.

We are requesting a waiver on the \$600.00 reinstatement fee.

Thank You,



Deborah Mitchell
President, DRCM inc dba Kennedy Studios