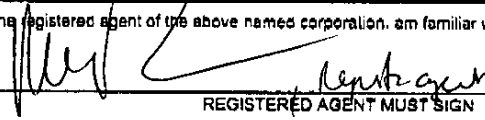


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		SECRETARY OF STATE DIVISION OF CORPORATIONS 06 MAR 20 AM 10:37	
DOCUMENT # P93000075312					
1. Corporation Name RSC Development, Inc.					
2. Principal Office Address 810 Pollack + Rosen, P.A. 800 Douglas Road Suite, Apt. #, etc. North Tower, Suite 450 City & State Coral Gables, Florida Zip 33134 Country U.S.A.		3. Mailing Office Address 14101 Dickens Avenue Suite, Apt. #, etc. City & State Sherman Oaks, California Zip 91423 Country U.S.A.		REINSTATEMENT 02-06 CR2E081 (12/05)	
4. Date Incorporated or Qualified To Do Business in Florida 10/28/1993				5. FEI Number 650445572 Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required for a Certificate of Status					
7. Name and Address of Current Registered Agent					
Name Mark. E. Pollack					
Street Address (P.O. Box Number is Not Acceptable) 800 Douglas Road					
Suite, Apt. #, Etc. North Tower, Suite 450					
City Coral Gables				State FL	Zip Code 33134
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 2/27/06 REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
P	Ronald S. Chase	14101 Dickens Avenue		Sherman Oaks, CA 91423	
VPS-T	Sid Wingerhoff	14101 Dickens Avenue		Sherman Oaks, CA 91423	
				100069443901 04/04/06--01054--005 **1350.00	
				100069443901 04/04/06--01054--006 **8.75	
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 2/23/06 818 990-1168					