PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 96-97 REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

97 DEC 26 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000082898

1. Corporation Name R.C.H. MAINTENANCE SERVICE, INC.

Principal Place of Business
8431 SUMMERFIELD PLACE
BOCA RATON, FL 33433

Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida 10/26/95

5. FEI Number 65-0507587 | Applied For | Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES.	RONALD C. HAMMEL	8431 SUMMERFIELD PLACE BOCA RATON, FL 33433	BOCA RATON, FL 33433
SECRETARY TREASURER	MARILYN A. HAMMEL	8431 SUMMERFIELD PLACE	BOCA RATON, FL 33433
			300002306443--9 -12/30/97--01091--002 ****925.75 ****925.75
			REINSTATEMENT 96-97
			A. Allen
			12/26/97

8. Name and Address of Current Registered Agent
RCH MAINTENANCE SERVICES, INC
RONALD C. HAMMEL
8431 SUMMERFIELD PLACE
BOCA RATON, FL 33433

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State FL | Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent X Ronald C. Hammel
REGISTERED AGENT MUST SIGN

Date 12/20/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [ ] No [X]

(See other side for information on intangible tax.)

12. 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: X Ronald C. Hammel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RONALD C. HAMMEL

12/20/97
Date

561-852-0051
Daytime Phone #

CR2E045 (12/96)