

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 99 APR 12 PM 12:29 SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # P96000030819 1. Corporation Name				
DEVELOPMENT CORPORATION OF RC, INC.				
Principal Place of Business 4812 SW 61ST DRIVE PALM CITY, FL 34990		Mailing Address P.O. BOX 5595 ASHEVILLE, NC 28813		
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		3. New Mailing Office Address, if Applicable Suite, Apt. #, etc. City & State Zip		4. Date Incorporated or Qualified To Do Business In Florida 04/01/1996
				5. FEI Number 65-0666278
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip	
P/D/T	ROY M TRANTHAM	4812 SW 61ST DRIVE	PALM CITY, FL 34990	
D	LUCIA CM TRANTHAM	4812 SW 61ST DRIVE	PALM CITY, FL 34990	
8. Name and Address of Current Registered Agent ROY M TRANTHAM BOX 5595 PALM CITY, FL 34990			9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code	
			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 _____ Date 3/19/99 REGISTERED AGENT MUST SIGN				
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (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 name 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		ROY M TRANTHAM 3/19/99		561-283-6798 Daytime Phone #