

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 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 Mailing Address
 4812 SW 61ST DRIVE P.O. BOX 5595
 PALM CITY, FL 34990 ASHEVILLE, NC 28813

REINSTATEMENT 97-99

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 04/01/1996
 5. FEI Number 65-0666278 Applied For Not Applicable
 6. CERTIFICATE OF STATUS DESIRED \$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
~~XXXXXXXXXXXX~~ 5705 SW 61ST DRIVE
~~XXXXXXXXXXXX~~ 34991 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
 FL

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 *[Signature]* 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 No
 (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]* ROY M TRANTHAM 3/19/99 561-283-6798
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #