

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000029482

1. Entity Name
R.C. BUSINESS ENTERPRISES INC.



05 JUN 16 AM 8:30

Principal Place of Business
1725 NW 165 AVE
PEMBROKE PINES, FL 33028

Mailing Address
1725 NW 165 AVE
PEMBROKE PINES, FL 33028

2. Principal Place of Business
730 SW 191 AVE

3. Mailing Address
730 SW 191 AVE

Suite, Apt. #, etc.



REINSTATEMENT

06/16/05 (6/04)

04-05

City & State
PEMBROKE PINES, FL

City & State
PEMBROKE PINES, FL

Zip
33029

Country
U.S.A.

Zip
33029

Country
U.S.A.

4. FEI Number
65-0739756

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BETTINI, CESAR O
1725 NW 165 AVE
PEMBROKE PINES, FL 33028

7. Name and Address of New Registered Agent

Name
CESAR BETTINI

Street Address (P.O. Box Number is Not Acceptable)

730 SW 191 AVE

City
PEMBROKE PINES FL Zip Code
33029

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
BETTINI, CESAR O
1725 NW 165 AVE
PEMBROKE PINES, FL 33028

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

730 SW 191 AVE
PEMBROKE PINES FL 33029

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

500056264735
06/16/05--01055--001 ***300.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all titles like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

321-321-0561