APPLICATION FOR REINSTATEMENT

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

FILED
99 SEP 20 AM 11:4?
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000061553**

1. Corporation Name

RFC CAPITAL MANAGEMENT, INC.

Principal Place of Business	Mailing Address
1685 CHAPLENE COURT DUNEDIN FL 34698	1685 CHAPLENE COURT DUNEDIN FL 34698

If the principal place address are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida **07/16/1997**
Suite, Apt. #, etc. *1685 Chaplene crt* City & State *Dunedin / FL* Zip *34698* County *Pinellas*	Suite, Apt. #, etc. City & State Zip Country	5. FEI Number *593457291* □ 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
PSTD	CHEAIB, MOHANA	1685 CHAPLENE COURT	DUNEDIN FL 34698

REINSTATEMENT 98-99   T3

7000030006517---4
-10/05/99--01113--014
****750.00 ****750.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134	Name *Mohana Cheaib* Street Address (P.O. Box Number is Not Acceptable) *1685 Chaplene ct* Suite, Apt. #, Etc *Dunedin, FL* City *34698* 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 *Mohana Cheaib*
REGISTERED AGENT MUST SIGN   Date

7000030006517---4
-10/05/99--01113--015
****150.00 ****150.00

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.   Yes □   No □

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: *Mohana Cheaib*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date *727-575-82??*   Daytime Phone #

CR2E040 (9/98)

0081452 AF