## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | PORATION<br>STATEMENT                                               |                       | DEPARTMENT OF ST<br>Secretary of State<br>SION OF CORPORATIONS  | TATE       |                                                                        |             |                   | 03 MA                | NO CONTRACTOR                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------|-----------------------------------------------------------------|------------|------------------------------------------------------------------------|-------------|-------------------|----------------------|-------------------------------|
| DOCUMENT # P9900046857  1. Corporation Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                     |                       |                                                                 |            |                                                                        |             |                   | O3 MAR 14/ AM II:    | OF COL                        |
| R.ª                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | r.C. IMPORT 8                                                       | EXPORT COL            | RP                                                              |            | ,                                                                      |             |                   | MII: 12              | EU<br>7 OF STATE<br>ORPORATIO |
| •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Office Address<br>Alhambra Way                                      | C/O Ja<br>4069 I      | 3. Mailing Office Address C/O Jairo A Sandoval 4069 Holly Court |            | #458.75                                                                |             |                   |                      |                               |
| Suite, Apt. #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | e, etc.                                                             | Suite, Apt. #,        | Suite, Apt. #, etc.                                             |            | 4. Date Incorporated or Qualified To Do Business in Florida 05-24-1999 |             |                   |                      |                               |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ron FL 33326                                                        | City & State<br>WESTO | City & State WESTON FL 33331                                    |            | 5. FEI Number Applied For                                              |             |                   |                      |                               |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                             | Zip                   | Country                                                         |            | 6.                                                                     |             |                   | itional Fee required |                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                     | 7. (                  | Name and Address of Current                                     | Register   | ed Agent                                                               |             |                   |                      |                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Name JATRO A                                                        | SANDOVAL              |                                                                 |            |                                                                        |             |                   |                      |                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Street Address (P.O. Box Number is Not Acceptable) 4069 Holly Court |                       |                                                                 |            |                                                                        |             |                   |                      |                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Suite, Apt. #, Etc.                                                 | <del></del>           |                                                                 | سيستويد    | <u></u>                                                                |             |                   |                      |                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | City WESTON                                                         | FL                    |                                                                 |            |                                                                        | State<br>FL | Zip Code<br>33331 |                      | <u> </u>                      |
| 8. 1, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent REGISTERED AGENT MUST SIGN  9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                     |                       |                                                                 |            |                                                                        |             |                   |                      |                               |
| 9. Names                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Name                                                                | e of                  | lorida nonprofit corporations mu , Street Addre Officer and/    | ss of Each | ,                                                                      |             | City              | / State / Zip        |                               |
| PD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Officers and/ Romulo Artu                                           | -                     | 175 Alhambra                                                    |            |                                                                        | WE          | STON F            | L 333                | 326                           |
| V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Sonia There                                                         |                       | 175 Alhambra                                                    | a Way      | 7                                                                      | WE          | STON E            | L 33                 | 326                           |
| Т                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Sonia There                                                         | se Rojas              | 175 Alhambra                                                    | a Way      | 7                                                                      | WF          | STON F            | L 33                 | 326                           |
| ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                     |                       |                                                                 |            |                                                                        |             |                   | <u>.</u>             | ·                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | _                                                                   |                       |                                                                 |            |                                                                        |             |                   | <u>-</u>             |                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                     |                       |                                                                 |            |                                                                        |             |                   | oth or coule.        | that when filing              |
| 10. 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 filling 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date  Dele  Del  Dele  Del  Dele  Dele |                                                                     |                       |                                                                 |            |                                                                        |             |                   |                      |                               |

## R.C.T. IMPORT & EXPORT CORP.

C/O Jairo A Sandoval 4069 Holly Court Weston FL 33331

March 10, 2003

Department of State
Division of Corporations
Reinstatement Section
PO Box 6327
Tallahassee FL 32314

RE: P99000046857

R.T.C. IMPORT & EXPORT CORP.

You will find enclosed a request for the REINSTATEMENT of R.T.C. IMPORT & EXPORT CORP which was declared inactive due to non-filing of the required UBF reports.

We would to explain the following:

- The reason for not having filed the required reports resulted from non-receipt of the necessary blank forms due to an address change
- The corporation moved to a new address:

175 Alhambra Way Weston FL 33326

As a result of this change, if the forms were mailed to the old address, the forms could have been lost, misplaced or simply discarded by the new occupants

- The mailing address of the corporation was also changed to 175 ALAMBRA WAY, Weston FL 33326
- Walter Zapata, the registered agent at the time, also moved to an unknown location

We are a very small corporation, owned and operated y family members, providing delivery services. Our profit margin is extremely low, however, we are happy to be doing business in Florida and we would like to continue doing business in this state.

For the reasons stated above, we beg you to consider the possibility of reinstating the corporation without the penalties and fees normally charged by your department.

We have spoken to one of your staff members who asked us to include a check in the amount of \$450.00 together with this letter.

We would certainly appreciate your assistance in this matter.

WE KINDLY ASK TO FORWARD YOUR RESPONSE TO:

Jairo A Sandoval 4069 Holly Court Weston FL 33331

Should you have any questions concerning our request, please do not hesitate to call (954) 385-3140

