PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P 99000072374

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

1. Corpora	tion Name		• •			ii *			
er conport		RCU	LT	SEAR	H, INC				
			·		·				
	al Office Addre			1.5	Office Address	1		•	
4207, 20TH STREET (_				EET (. <u> </u>				
			Suite, Apt. #,	etc.	4. Date Incor	porated or Qualified			
VERO BEACH,						iness in Florida 13	AUG 199		
City & State			City & State	<u></u>	5. FEI Numb	5. FEI Number Applied For 65 - 09\$1069 Not Applicable			
3 2 °	160	Country IND2/	 3N RI	Zip	Country	6. CERTIFICAT	E OF STATUS DESIRED	3.75 Additional Fee required for a Certificate of Status	
· · · · · · · · · · · · · · · · · · ·	1			7.	Name and Address of Current	Registered Agent			
	Name			- D	PATEL				
	Street Ad	ress (P.O. 6	3 (V	per is Not Acceptable)			- A PART 7	000	
		80 -			VE P	EMSTAT			
	Suite, Apt	t. #, Etc.			7 C				
	City	VER	~	BEAC		•	State Zip Code		
		·					FL 3296	No. of the Contract of the Con	
8. I, bein	g appointed th	ne registered	agent of	the above named corp	oration, am familiar with and acc	cept the obligations of sec	tion 607.0505 or 617.0503, F	S.S.	
Signature		مــــ ه					Date 10/12		
Registered		(as	ins_	REGISTERED A	GENT MUST SIGN		Date		
	- Annual Change	Addrasses of	f Each Of	ficer and/or Director (F	lorida nonprofit corporations mu	st list at least 3 directors)			
9. Names and Street Addresses of Each Officer and/or Director (Flo				incer aria/or Birocor (r	Street Addre	Street Address of Each		State / Zip	
Titles	Officers and/or Director		Directors	Officer and/or Director		 	20.06.0		
PTD	VA	SANT	P	PATEL	1580, 39 16		VERO BEACH	1, FL 32960	
٧D	NI	NIT	P	PATEL	2182, ROLL	AND DR	GLENDALE	HTS , IL 60139	
5D	GAR	CIEE	٧	PATEL	1580, 39 TI	H AVE	VERO BEAC	H, FL 32960	
				<u> </u>			3 0000342 -10/12/00-	25781 -01038001 	
		<u> </u>					****(S8('S ****758.75	
i.								A P S B B B B B B B B B B B B B B B B B B	
10. Leer	tify that I am a	n officer or o	lirector or	the receiver or trustee	empowered to execute this appl	ication as provided for in	chapter 607 or 617, F.S. I furt	her certify that when filing	
this	reinstatement	application,	the reaso	n for dissolution has be	empowered to execute tris apprenent eliminated, the corporate name	ne satisties the requireme	nts of section 607.0401 of 61	The information indicated	

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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Os ond	0	Ast	VASANT	P PATEL)
CICHATURE AND TV	DED	OR PRINTED NAME (SIGNING OFFICER	OR DIRECTOR

10 / 12 / 00 56 1-567-0156

Daytome Phone #