2007 FOR PROFIT CORPORATION REINSTATEMENT

	REINS	TATEMENT			7 FILED
l	MENT # S07856				Smart Smart See
1. Entity Nam RSC IND	ustries, inc.		3		2007 SEP 24 PM 12:
Principal Plac	e of Business	Mailing Address			SECRETARY OF STA TALLAHASSEE.FLOF
5451 W. WAT			5451 W. WATERS AVE.		TALLAHASSEE, FLUF
TAMPA, FL 3	33634	TAMPA, FL 3363	34		
0.00:	10 in				
Z. Principai P	Place of Business - No P.O. Box #	3. Mailing Address	3. Mailing Address		I LOOMAND III OORIN LOODI LEIKI EINO ORIT OIDIN OIDIN EIDIF OIDIN AREF OIDINDE II INDI
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		09202007 REIN-P CR2E098 (1/07)
City & State		City & State	City & State		4. FEI Number Applied For 59-3088420 Not Applicable
Zip	Country	Zip	Cour	ntry	5. Certificate of Status Desired \$8.75 Additional
:	6. Name and Address of Curr	rent Registered Agent			7. Name and Address of New Registered Agent
0041455				Name	
SCAMARDO, ROBERT L. 5451 W. WATERS AVE. Street A				Street Address	(P.O. Box Number is Not Acceptable)
TAMPA, F	L 33634				
				City	⊏
9 The obeye	and path 2 baits this statemen	est for the purpose of chaps	ring its register	-	ered agent, or both, in the State of Florida. Tam familiar with, and accept
	tions of registered agent.	and for the purpose of chang	ging its register	ed office of registe	ared agent, or both, in the State of Horida. Tarmiannial with, and accept
SIGNATURE	MINT B. A	MANA M			9/20/01
	Migneller, types or printed varne of registered a	agent and little if applicable	(NOTE: Register	red Agent signature requ	uired when reinstating) DATE
l	LE NOW!!! FEE IS \$150.00 nuary 1, 2008, Fee will be \$30	00.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10.	OFFICERS A	AND DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME	D SCAMARDO, ROBERT L.	☐ Deleti	-		Change Addition
STREET ADDRESS	4412 HUDSON LANE		NAN STR	EET ADDRESS	900109845419 09/24/0701061009 **150.00
CITY-ST-ZIP	TAMPA, FL		, CITY	Y-ST-ZIP	
TITLE NAME	PD SCAMARDO, ROBERT L	☐ Delete	e TITL NAM		Change Addition
STREET ADDRESS	4412 HUDSON LN			EET ADDRESS	
CITY-ST-ZIP	TAMPA, FL			Y-ST-ZIP	
TITLE NAME		☐ Deleti	e TITL NAN		☐ Change ☐ Addition
STREET ADDRESS			STR	EET ADDRESS	
CITY-ST-ZIP				Y-ST-ZIP	
TITLE NAME		☐ Delet	e IIT!		☐ Change ☐ Addition
STREET ADDRESS				EET ADDRESS	
CITY-ST-ZIP		☐ Delet		Y-ST-ZIP	☐ Change ☐ Addition
NAME		L.J. Delet	e NAM		Onlarige Abdution
STREET ADDRESS				REET ADDRESS	
TITLE		☐ Delet		Y-ST-ZIP	☐ Change ☐ Addition
NAME		∟ Delet	e man		Change Adultion
STREET ADDRESS			1	REET ADDRESS	
12 hereby	certify that the information survey	i with this filing does not a		Y-ST-ZIP	ed in Chapter 119, Florida Statutes. I further certify that the information
Indicated	on this report or supplemental/ep	ort is true and accurate an	d that my signa	ature shall have the	e same legal effect as if made under oath; that I am an officer or director
changed	i, or on an attachment with an addre	ess with all other like empo	owered.		07, Florida Statutes; and that my name appears in Block 10 or Block 11 if
SIGNAT	TURE: SIGNATURE AND PRE	D OR PRINTED NAME OF SIGNING	OFFICER OR DIRECT	CTOR	9/20/0/ 8/3-886-471/
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