		AL MAIO	<b>A</b> LICTIONS	PEFORE C	·OMDLET	INC TUIS FOR		
-	PLICATION FOR STATEMENT			NT OF STATE tham State	1	ING THIS FORM		
DOCU	JMENT # SO	\$, ~			98 DEC 10 AM 10: 32			
R C S VENTURES, INC.					SECNETARY OF STATE TALLAHASSEE. FLORIDA			
Principal Pl	ace of Business	Mailing Add	ress					
8730 MIDNI SARASOTA	GHT PASS RD. #203A FL 34242							
If above addresses are incorrect in any way, line through incorrect information and enter correction below  New Principal Office Address, if Applicable  New Mailing Office Address, if Applicable					Date Incorporated or Qualified			
Suite, Apt.	#, etc.	. 250 Sydenha	50 Sydenham 57 To Do Business in Floric			10/16/1990		
City & State	<u> </u>	N	5. FEI Number			Applie Not A	ed For pplicable	
Zip	Country	ONTA Q Countr	v	6. CERTIFICATI	65-0222407 E OF STATUS DESIRED □ \$	8.75 Additional Fe	e required	
7. Names a	and Street Addresses of Each Of	NGA icer and/or Director (FI	<del></del>	tions must list at lea	st 3 directors)			200.2
Title(s)	Name of Of and/or Dire	Str Off 3 (Do NOT Use	eet Address of Each ficer and/or Director e Post Office Box No	umbers)	City / State / Zip			
PD	PD CROMARTY, DONALD A.			PASS #203A		SARASOTA FL		
SD	CROMARTY, MAXIE	8730 MIDNIGHT PASS #203A			SARASOTA FL			
						000027125011 -12/15/9801033003 ****150.00 ****150.00		
					Tau.		-A	
8. Name and Address of Current Registered Agent					9. Name and /	Address of New Registere	d Agent	
Name								CR2E040 (9/98)
SAVARY, JOHNSON S.  DYKEMA GOSSETT				Street Address (P.O. Box Number is Not Acceptable)				
246 S. Pikeapole Are Suite, Apt. #, Etc								
5arusota, FL 34830-6948					State Zip Code			
10. I, being Signature o	-	f the above named com	oration, am familiar wi	ith and accept the ot	oligations of Secti	on 607.0505, F.S.		
Registered	Agent ////	REGISTERED A	GENT MUST SIGN	IIVED	<del></del>	Date		
	is corporation owes			ar Yes 🗌	No 🗵		side for information angible tax.)	
this reins owed by	that I am an officer or director or statement application, the reasor the corporation have been paid application is true and accurate, a	for dissolution has been and the names of indivi	n eliminated, the corpo duals listed on this fon	prate name satisfies m do not qualify for	the requirements an exemption und	of section 607.0401 or 617.	.0401, F.S., that all	fees
SIGNATURE: 3491857 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICENOR DIRECTOR Date Daylime Phone #								

8 Dec / 98 Department of State Denision of Corporation PO Box 6327 Tallahassea Florida RE RCS Ventures Inc. In the mouth of namber 1998 & received from your separtment a Certifical dissolving the above numed corporation at regret not filing the corporate cennual report in a timely manner. I do not recall having received the anneal forms in the misel. It may possely have been returned to you, lost or mesplaced sence I was out of the country and the same was not forwarded to my home address en Lenda Ontació. I nou propoe to amend the annual report to provide a new moeting address as shown (to London) On the 8 Dec 1998 I spoke to an official in your office who cadresed that a one time waiver of the reinstatement fee was available upon payment of the seem of 150 I thank him for his advice and assistance-I am now enclosing the application for reinstatement duly completed together until my fee of \$50. Should you raquire additional information I may be certacted at 94/3491857 after 4 January 1999. Again thank you for your kind assertance Tor (comett pres. RCS Ventiues Inc. (over)