

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 SEP 24 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F95000003510

1. Corporation Name
Rapid Creek Research, Inc.

2. Principal Office Address
220 E. 37th Street

Suite, Apt. #, etc.
Suite C

City & State
Boise, Idaho

Zip Country
83714 USA

3. Mailing Office Address
P.O. Box 9516

Suite, Apt. #, etc.

City & State
Boise, ID

Zip Country
83707 USA

4. Date Incorporated or Qualified
To Do Business in Florida 20 July 1995

5. FEI Number
82-0465919

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
John Sasser

Street Address (P.O. Box Number is Not Acceptable)
1732 Piedmont Court

Suite, Apt. #, Etc.

City
Marco Island

State Zip Code
FL 33937

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8. I, 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

Date 9/23/03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSTD	Brock, James T.	1313 East Spring Court	Boise/Idaho/83712

REINSTATEMENT 03
TTT

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 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: James T Brock
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

22 Sept 2003
Date

208-395-0395
Daytime Phone #

CR2E081 (10/02)