

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

636434
RPS GROUP, INC.

2. Principal Office Address

c/o HAROLD PAUL, LLC

Suite, Apt. #, etc.

1465 POST ROAD EAST

City & State

WESTPORT, CT

Zip

06880

Country

US

3. Mailing Office Address

c/o HAROLD PAUL, LLC

Suite, Apt. #, etc.

1465 POST ROAD EAST

City & State

WESTPORT, CT

Zip

06880

Country

US

**4. Date Incorporated or Qualified
To Do Business in Florida**

9/18/79

5. FEI Number

59-1947988

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

FILED

05 APR 20 PM 12:04

SECRET
TALLAHASSEE, FLORIDA

400054243834

11/05--01012--010 **1058.75

REINSTATEMENT 03-05

7. Name and Address of Current Registered Agent

Name

CORPORATION SERVICE COMPANY

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

1201 HAYS STREET

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

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

Jeanine Reynolds
as its agent

Date

4-11-05

REGISTERED AGENT MUST SIGN

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
S/DIR	HAROLD W. PAUL	1465 POST ROAD EAST	WESTPORT, CT 06880

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIRECTOR

4/6/05

Date

(203) 256-8005

Daytime Phone #

CR2E081 (01/05)