PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING Trib , Univ.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

<u>K</u>20377 DOCUMENT

1. Corporation Name

Principal Place of Business

R.P.M. OF JACKSONVILLE, INC.

Mailing Address

OLMAR 28 AM 8: 39

SECRETARY OF STATE FALLAHASSEE, FLORIDA

•						
If above addresses are incorrect in any way, line through inco				_ <u> </u>		
2. New Principal Office Address, if Applicable 3. New 9926 Beach Blvd. 99			Date Incorporated or Qualified To Do Business in Florida			
uite, Apt. #, etc. Suite, Apt. #, etc.			5. FEI Number Applied For			
City & State City &	& State City & State			9-2884587 Applied For Not Applicable		
Jacksonville, FL Ja	Jacksonville, FL		6.	\$8.75 Additional Fee required		
Zip Country Zip 32216 USA 32	~	Country USA CE		TIFICATE OF STATUS DESIRED () for a Certificate of Status		
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)						
Title(s) Name of Officers and/or Directors 2	(s) and/or Directors Off		r City / State / Zip			
PDST MADSEN, R.	9926 Be	each Blvd	., #362	Jacksonville,	FL 32216	
			2	000003932	0847	
				***1350.00 ***1350.00		
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	RE			ASTATEMENT 97-01		
					M. Who	
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent			
GUPTON, C.J.	Name MADSEN, R. Street Address (P.O. Box Number is Not Acceptable) 9926 Beach Blvd.					
11127 Len Turner Road		Street Address (P.O. Box Number is Not Acceptable)				
Jacksonville, FL 32218	9926 Beach Blvd.					
Suite			#362			
City Jack 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the			sonville State Zip Code FL 32216			
Signature of Registered Agent Date 3/20/0/						
11. Does this corporation pay any intangible tax to the						
Dept. of Revenue under S. 199.032, Florida Statutes. Yes No on intangible tax.)						
12. I dertify 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 filling this reinstalement 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: R MADSEN PRESIDENT 3/20/01 (904) 241-2533 Date Daytime Phone #						