

1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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10 FEB 11 AM 8:33


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200168589102

02/12/10--01004--001 **277.50

CR2E041 (11/09)

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name LOW000105125

Retail Advertising Marketing, LLC

2. Principal Office Address - No P.O. Box # <u>8120 Belvedere Rd</u>		3. Mailing Office Address <u>8120 Belvedere Rd</u>	
Suite, Apt. #, etc. <u>Suite 233</u>		Suite, Apt. #, etc. <u>Suite 233</u>	
City & State <u>West Palm Bch, FL</u>		City & State <u>West Palm Bch, FL</u>	
Zip <u>33411</u>	Country <u>USA</u>	Zip <u>33411</u>	Country <u>USA</u>

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number 20-5797544

Applied For	
Not Applicable	

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
George Ford

Street Address (P.O. Box Number is Not Acceptable)
8120 Belvedere Rd-

Suite, Apt. #, Etc.
Suite 233

City
West Palm Bch.

State
FL

Zip Code
33411

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent [Signature] Date 2/10/10

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<u>MGRM</u>	<u>George Ford</u>	<u>8120 Belvedere Rd</u>	<u>West Palm Bch, FL 33411</u>
<u>JB</u>			

REINSTATEMENT 2009-10

11. E-mail Address: _____

(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager [Signature] Date 2/1/10 Daytime Phone # 561-791-7707

Typed or printed name of signing Managing Member/Manager _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 21, 2010

GEORGE W FORD
RETAIL ADVERTISING MARKETING, LLC
8120 BELVEDERE ROAD, SUITE 2 & 3
WEST PALM BEACH, FL 33411

SUBJECT: RETAIL ADVERTISING MARKETING, LLC
Ref. Number: L06000105125

We have received your document for RETAIL ADVERTISING MARKETING, LLC and your check(s) totaling \$135.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The enclosed annual report or reinstatement application and fee(s) must be submitted before the Revocation of Articles of Dissolution can be processed. Please complete and return the enclosed annual report or reinstatement application and the appropriate fee(s) to the **PERSONAL AND CONFIDENTIAL ATTENTION** of the undersigned.

We need the annual report fee of \$138.75 for 2009 & \$138.75 for 2010 a total of \$277.50

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 210A00001654

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