PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
[redacted]
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 AUG 29 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 636434

1. Corporation Name
RPS Enterprises, Inc.

REINSTATEMENT
98-02

2. Principal Office Address	3. Mailing Office Address
30 Jericho Tpke.	c/o Harold W. Paul, LLC
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 349	
City & State	City & State
Commack, NY	Westport, CT
Zip / Country	Zip / Country
11725 / US	06880 / US

4. Date Incorporated or Qualified To Do Business in Florida: September 18, 1979

5. FEI Number: 591947988 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.75 Additional Fee required for a Certificate of Status

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: Brian Courtney Asst. V. Pres — REGISTERED AGENT MUST SIGN — Date: 8/29/02

CR2E061 (9/01)

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
Pres.	Ron Sorci	11241 Heron Bay Blvd. #3516	Coral Springs, FL 33076
V.P.	Paul Sorci	15882 Bailey Road	Pleasantville, PA 16341
			900007432389--1

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: Ron Sorci PRESIDENT — Ron Sorci, President — 8/20/02 — 305-770-5466 X105

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment 2 of 2

#636434

ACCOUNT NO. : 072100000032

REFERENCE : 715263 4310431

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 1,420.00

ORDER DATE : August 21, 2002

ORDER TIME : 12:44 PM

ORDER NO. : 715263-005

CUSTOMER NO: 4310431

CUSTOMER: Sue Lee, Legal Assistant
Harold Paul, Llc
1465 Post Road East

Westport, CT 06880

DOMESTIC FILINGS

NAME: RPS GROUP, INC.

FILE FIRST

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Ginger Simmons

EXAMINER'S INITIALS _____

RECEIVED
02 AUG 29 PM 4:02
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA