
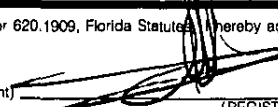
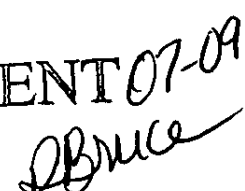
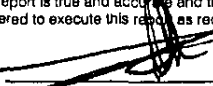


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # A04000000728			
1. Name of Limited Partnership RMDP, LTD.			
2. Principal Office Address - No P.O. Box # 12800 NW 107 COURT		3. Mailing Office Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MEDLEY, FLORIDA		City & State	
Zip 33178	Country USA	Zip	Country
4. Date Formed or Registered To Do Business in Florida 04/30/2004		5. FEI Number 20-1155969	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
8. Name and Address of Current Registered Agent Name RICARDO MORAES Street Address (P.O. Box Number is Not Acceptable) 12800 NW 107 COURT Suite, Apt. #, Etc.		7. FEES: Filing Fee(s): \$411.25 for each year due this office. Supplemental Fee(s): \$88.75 for each year due this office. Penalty Fee(s): \$500 for each year or part thereof limited partnership revoked on our records. <input type="checkbox"/> A \$500 penalty is due for each year or part thereof the entity's certificate of authority was revoked on our records, except in circumstances which the entity did not receive the prior notices.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 \$500 penalty fee(s) be waived.	
City MEDLEY		State FL Zip Code 33178	
9. Pursuant to the provisions of section 620.1810 or 620.1909, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment)  DATE 10/30/2009 (REGISTERED AGENT MUST SIGN)			
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.			
10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
RMDP, LLC	12800 NW 107 COURT	MEDLEY, FLORIDA 33178	L04000033291
REINSTATEMENT 07-09 		11/02/09--01063--001 **3052.50 4001624-8184 11/02/09--01063--001 **3052.50	
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.			
11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, F.S. in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.			
SIGNATURE 		DATE 10/30/09	
Typed or Printed Name of General Partner Signing Form Ricardo Moraes, Mgr of RMDP, LLC		Telephone Number 800-525-2711	

ALEXANDER ANGUEIRA, PLLC

7301 SW 57 Court, Suite 515
MIAMI, FLORIDA 33143

305-357-9031 MAIN LINE
305-357-9050 FAX

October 30, 2009

Department of State
Partnership Section
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

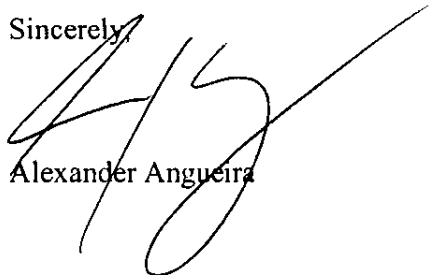
Re: RMDP, Ltd. A04000000728

Dear Madam or Sir:

Enclosed please find the Limited Partnership Reinstatement Application for RMDP, Ltd. We additionally enclose a check in the amount of \$3052.50 for the filing fee and a certified copy. Please return the certified copy to my attention in the enclosed pre-paid, pre-addressed Federal Express envelope.

Thank you in advance for your assistance with this matter. Should you have any questions, please do not hesitate to contact the undersigned.

Sincerely,


Alexander Angueira

cc: Ricardo Morales