

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

11 APR 29 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E039 (11/10)

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Name of Limited Partnership
RMG Enterprises Limited Partnership

2. Principal Office Address No P.O. Box #

2208 Ten Oaks Dr.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Zip

32312 Leon

Zip

Country

4. Date Formed or Registered
To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Mark Sweet

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

2208 Ten Oaks Dr

Suite, Apt. #, Etc.

City

Tallahassee

FL

Zip Code

32312

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.

900205943489

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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)

[Signature]

(REGISTERED AGENT MUST SIGN)

DATE

4/29/11

**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

Mark Sweet

2208 Ten Oaks Dr

Tallahassee FL

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I certify that the information indicated on this application is true and accurate and that my signature shall have the same legal effect as if made under oath. I further certify that I am a General Partner, receiver or trustee empowered to execute this application as required by Chapter 620, Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE

[Signature]

DATE

4/29/11

Typed or Printed Name of General Partner Signing Form

Telephone Number

E-mail Address:

(To be used for future annual report notification)