

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000001701

1. Corporation Name

THE RMI GROUP, INC.

Principal Place of Business

1393 VETERANS MEMORIAL HWY
307
HAUPPAUGE NY 11788
US

Mailing Address

1393 VETERANS MEMORIAL HWY
307
HAUPPAUGE NY 11788
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

FILED

00 OCT 30 AM 8:14

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**



REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

04/07/1995

5. FEI Number

11-3230578

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	SICINSKI, JOSEPH G	38 WOODHOLLOW RD.	GREAT RIVER NY 11739
V	VINCENTI, FRANK	1393 VETERANS MEM HWY	HAUPPAUGE NY 11778
ST	GLEN, CHARLES R	1393 VETERANS MEM HWY	HAUPPAUGE NY 11788

200003470862--6
11/20/00-01/24/008

******750.00 ****750.00**

8. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYES ST.
TALLAHASSEE FL 32301**

9. Name and Address of New Registered Agent

Name
AVIONICS RESEARCH CORPORATION OF FLORIDA
Street Address (P.O. Box Number is Not Acceptable)
672 NORTH SEMORAN BLVD
Suite, Apt. #, Etc.
SUITE 101
City
ORLANDO
State
FL
Zip Code
32807

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Charles Glen
REGISTERED AGENT MUST SIGN

Date

10/25/00

11. 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.

KE

SIGNATURE:

Charles Glen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/25/00 (631) 724-0040

Daytime Phone #