

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF REVENUE
DIVISION OF CORPORATIONS

L00000014189

03 JAN 24 AM 10:26

AND FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000014189

Name and Mailing Address

0003346 01 FP 0.352 **PRST TO 0 0615 33315-284225



RM ENTERPRISES, LLC

1325 SW 30TH ST.

FT. LAUDERDALE FL 33315-2842

REINSTATEMENT

2002-2003



2. New Mailing Address 1006 S.W. 120TH AVE City, State, Zip DAVIE FL 33325		4. State/Country of Formation FL	
Principal Place of Business 1325 SW 30TH ST. FT. LAUDERDALE FL 33315		5. Date Organized or Qualified To Do Business in Florida 11/16/2000	
3. New Principal Place of Business Address 1006 S.W. 120TH AVE City, State, Zip DAVIE FL 33325		6. FEI Number NOT APPLICABLE Applied For Not Applicable	
8. Name and Address of Current Registered Agent FILINGS, INC. 3732 N.W. 16TH ST. FT LAUDERDALE FL 33311		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
10. 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: 1-19-2003 REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	SLACK, JON R	1526 S.W. 22ND ST.	FT LAUDERDALE FL 33315
			500010690585 01/24/03--01025--002 **200.00
			[Signature]

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

Date

1-15-2003

Daytime Phone #

954-683-0100

Typed or printed name of signing Managing Member/Manager