

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 AUG -5 AM 10:30

DOCUMENT # L03000033357

1. Limited Liability Company's Name

RPWM LLC

CR2E041 (12/07)

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

17801 Ashley Dr
Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

PANAMA CITY BEACH FL

City & State

SAME

Zip

32413

Country

BAH

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

WAYNE MIDDLETON

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

16531 FBR

Suite, Apt. #, Etc.

City

PANAMA CITY BEACH

State

FL

Zip Code

32413

☒ A \$100 reinstatement fee is imposed, 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 \$100
reinstatement be waived.

\$416.25

9. 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

Wayne Middleton

REGISTERED AGENT MUST SIGN

Date 7-29-08

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	WAYNE MIDDLETON	16531 FBR	PCB FL 32413

400133777484
07/30/08--01042--001 **416.25

REINSTATEMENT 2006-08

11. 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

Wayne Middleton

Date

7-29-08

Daytime Phone #

850-381-0398

Typed or printed name of signing Managing Member/Manager

WAYNE MIDDLETON