

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

07 DEC -4 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000079326

1. Limited Liability Company's Name

RMC Marketing, LLC

CR2E041 (1/07)

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

1314 Alt 19

Suite, Apt. #, etc.

3. Mailing Office Address

1314 Alt 19

Suite, Apt. #, etc.

City & State

Palm Harbor, FL

City & State

Palm Harbor, FL

Zip

34683

Country

USA

Zip

34683

Country

USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

10-29-04

6. FEI Number

81-0658816

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

Dave Lietz

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

1314 Alt 19

Suite, Apt. #, Etc.

City

Palm Harbor

State

FL

Zip Code

34683

☐ 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.

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

D. C. Lietz
REGISTERED AGENT MUST SIGN

Date 11-30-07

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
MGRM	Dave Lietz	1314 Alt 19	Palm Harbor, FL 34683

REINSTATEMENT

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

D. C. Lietz

Date 11-30-07

Daytime Phone # 727-772-8000

Typed or printed name of signing Managing Member/Manager

Dave Lietz