PHEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1. United Labelty Company's Name RPM Design LLC  1. Principal Office Address - No P.O. Box # 3. Mailing Office Address - SAME 3.12 Colonial Ct.  Sulfe, Apt #, etc.  S	LIMITED LIABILITY COMPANY REINSTATEMENT	Secreta	RTMENT OF STATE ary of State corporations		FILED  09 DEC 30 PM 12: 32	
2. Principal Office Address. No P.O. Box # 3. Mailing Office Address   312 Colonial Ct. SAME   Suite, Apt. #, etc.   Suite, Apt. #,	1. Limited Liability Company's Name					
312 Colonial Ct.  SAME  4. State/Country of Formation  FL / USA  Suite, Apt #, etc.  S	2. Principal Office Address - No P.O. Boy #					
Suite, Apt. 8, etc.    Suite, Apt. 8, etc.					ntry of Formation	
City & State    City & State   City & State		)				
City & State    Country					nized or Qualified iness in Florida 5/04/2006	
3. Name and Address of Current Registered Agent  8. Name and Address of Current Registered Agent  9. Name of Registered Agent Agent Suite Suite Acceptable)  9. I. being appointed the pregistered agent of the above named limited liability company, am farration with and accept the obligations of Chapter 608, F.S.  9. I. being appointed the pregistered agent of the above named limited liability company, am farration with and accept the obligations of Chapter 608, F.S.  9. I. being appointed the pregistered agent of the above named limited liability company, am farration with and accept the obligations of Chapter 608, F.S.  9. I. being appointed the pregistered agent of the above named limited liability company, am farration with and accept the obligations of Chapter 608, F.S.  9. I. being appointed the pregistered agent of the above named limited liability company, am farration with and accept the obligations of Chapter 608, F.S.  9. I. being appointed the pregistered agent of the above named limited liability company.  10. Names and Street Addresses of Managing Member/Manager  11. E-mail Address: CON+AC+ (D) CAN+ON 3/12 Colonial C+.  12. Icentify that I am managing member/manager or the receiver or trustee empowered to save this application as provided for in Chapter 608, F.S. I further certify that when all bear owned by the limited liability company name satisfient the requirements of section 608 408, F.S., and that all bear owned by the limited liability company name satisfient the requirements of section 608 408, F.S., and that all bear owned by the limited liability company name satisfient the requirements of section 608 408, F.S., and that all bear owned by the limited liability company name satisfient the requirements of section 608 408, F.S., and that all bear owned by the limited liability company name satisfient the requirements of section 608 408, F.S., and	Deland FL				er Applied For	
8. Name and Address of Current Registered Agent    Name   Street Address of PoPlax Number is Not Acceptable)		Zip	Country	7.	55.00 Additional Fee required	
Name Street Address (P. et Box Number is Not Acceptable) Street Address (P. et Box Number is Not Acceptable) 312 Colonial Ct.  Suite, Apt. #, Etc.  Suite, A	<u> </u>	Current Registered Age	∍nt		is a swinding science	
9. 1, being appointed the degistered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent REGISTERED ACENT MUST SIGN  10. Names and Street Addresses of Managing Members/Managers  Titles Managing Members Managers Managing Members Managers  Name of Managing Members Managers City / State / Zip  MGRM Gregory B. Carlton 3/12 Colonial Ct. Deland, FL 32720  REFINSTATEMENT L. SELLERS  JAN 6, 2010  EXAMINER  11. E-mail Address: CON+act (a) Carlton act common proof profileations  12. I certify that I am managing member/manager or the receiver or trusted empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filling 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 owned by the limited liability company rates and accurate, and my signature shall have the same legal effect as if made under eath.	Gregory B. Carton Street Address (P.9. Box Number is Not Acceptable) 312 Colonial Ct. Suite, Apt. #, Etc.		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			
Name of Managing Members/ Managers  L. SELLERS  JAN - 5, 2010  EXAMINER  11. E-mail Address: Contact (a) Carlton act, com  To be used for have annual poort notifications  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 fling 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 name satisfies the requirements of section 608 406, F.S., and that all fees owed by the limited liability company to be paid; The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under cath.	Signature of Registered Agent Date 12-8-09					
Managing Members/Manager  Managing Members/M						
REINSTATEMENT  L. SELLERS  JAN -5, 2010  EXAMINER  11. E-mail Address: Contact (a) Carlton act . com  (To be used for future annual report notifications)  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 filling 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 name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company name satisfies the requirements of section 608.406, F.S. in all that all fees owed by the limited liability company name satisfies the requirements of section 608.406, F.S. in all that all fees owed by the limited liability company name satisfies the requirements of section 608.406, F.S. and that all fees owed by the limited liability company name satisfies the requirements of section 608.406, F.S. and that all fees owed by the limited liability company name satisfies the requirements of section 608.406, F.S. and that all fees owed by the limited liability company name satisfies the requirements of section 608.406, F.S. and that all fees owed by the limited liability company name satisfies the requirements of section 608.406, F.S. and that all fees owed by the limited liability company name satisfies the requirements of section 608.406, F.S. and that all fees owed by the limited liability company name satisfies the requirements of section 608.406, F.S. and that all fees owed by the limited liability company name satisfies the requirements of section 608.406, F.S. and that all fees owed by the limited liability company name satisfies the requirements of section 608.406, F.S. and the feet of the feet owed by the limited liability company name satisfies the requirements of section 608.406, F.S. and the feet owed by the limited liability company name					City / State / Zip	
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Managing Member/Manager / NGN45 Averager Date 12-8-09 Daytime Phone # 386-738-1046  Typed or printed name of signing Managing Member/Manager Gregory B. Carlton						