L07000044000

-- 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
10 MAY 11 PM 4:54

CR2E041 (11/09)

DOCUMENT # L07000044000

1. Limited Liability Company's Name

RPMCCAL, LLC

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2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
913 BUCKSAW PL	913 BUCKSAW PL
Suite, Apt. #, etc. N/A	Suite, Apt. #, etc. N/A
City & State LONGWOOD FL	City & State LONGWOOD FL
Zip 32750 Country USA	Zip 32750 Country USA

4. State/Country of Formation FLORIDA

5. Date Organized or Qualified To Do Business in Florida 4-25-2007

6. FEI Number NONE ☐ 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: RANDY McCALLISTER

Street Address (P.O. Box Number is Not Acceptable): 913 BUCKSAW PL

Suite, Apt. #, Etc.: N/A

City: LONGWOOD State: FL Zip Code: 32750

☑ 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 [redacted]

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the [redacted] F.S.

Signature of Registered Agent Randall P. McCallister Date 5-4-10

REGISTERED AGENT MUST SIGN

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	RANDY McCALLISTER	913 BUCKSAW PL	LONGWOOD FL 32750
	REINSTATEMENT 2008-2010		

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057170-01003-013 **416.25

11. E-mail Address: jparlettc@hensleycpas.us
(To be used for future annual report notification)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute [redacted] Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited [redacted] 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 [redacted] accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager Randall P. McCallister Date 5-4-10 Daytime Phone # 239-992-6060

Typed or printed name of signing Managing Member/Manager