

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 NOV 19 PM 4:22

DOCUMENT # L07000089585

1. Corporation Name

RPW & Partners, LLC

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

3928 Ivory Crossing

Suite, Apt. #, etc.

City & State

ORANGE PARK, FL

Zip

32065

Country

USA

3. Mailing Office Address

3928 Ivory Crossing

Suite, Apt. #, etc.

City & State

Orange Park, FL

Zip

32065

Country

USA

200162968302  
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CR2E081 (12/08)

4. Date Incorporated or Qualified  
To Do Business in Florida

August 30, 2007

5. FEI Number

27-0884491

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

NRAI Services, Inc.

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

2731 Executive Park Drive

Suite, Apt. #, Etc.

Suite 4

City

Weston

State

FL

Zip Code

33331

☐ The 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 reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Peter F. Souza  
Assistant Secretary

Date 11/16/09

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
MGRM	Christopher Pollock	3928 Ivory Crossing	Orange Park, Florida 32065
MGRM	Eric Williams	1059 N. Karlov	Chicago, Illinois 60651
MGRM	Anthony Rudd	Joint Node ITT Systems	APO, New York 09354
MGRM	Jerraine Hall	2122 MAPLE AVENUE	CHARLOTTE, NC 28250

REINSTATEMENT 2008-2009

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/4/09

904-707-3543