2011 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L95000000740			FILED	
1. Entity Name RMA ASSOCIATES, L.C.			11: APR 29 PH E	: 29
Principal Place of Business Mailing Address 2208 TEN OAKS DRIVE 2208 TEN OAKS DRIVE TALLAHASSEE, FL 32312 TALLAHASSEE, FL 32312			SECRE MAY OF S THILL HAM SOUS, PA	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
Principal Place of Business - No P.O. Box # 3. Mailing Address				
Suite, Apt. #, etc.	Suite, Apt. #, etc.		04292011 REIN-LLC CF	R2E101 (1/07)
City & State	City & State		4. FEI Number 59-3366272	Applied For Not Applicable
Zip Country	Zip	Country	5. Certificate of Status Desired	\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent Name		7. Name and Address of New Register	ed Agent	
SWEE, MARK 2208 TEN OAKS DRIVE			Street Address (P.O. Box Number is Not Acceptable)	
TALLAHASSEE, FL 32312)	OF COLVINGE CO.		
		City		Zıp Code
8. The above named entity further the purpose of changing its registered office or registered agent, or both, in the State of Florida I am familiar with, and accept the obligations of registered agent.				
SIGNATURE Signature, typidd or printed name or registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE				
FILE NOWIII FEE IS \$377.50 Make check payable to Florida Department of State				
9. MANAGING MEMB	 ERS/MANAGERS	10.	ADDITIONS/CHANG	GES
TITLE MGR NAME SWEE, MARK	☐ Delete	TITLE NAME		Change Addition
STREET ADDRESS 2208 TEN OAKS DRIVE CITY-ST-ZIP TALLAHASSEE, FL 32312		STREET ADDRESS CITY-ST-ZIP		
IIILE NAME STREET ADDRESS	☐ Delete	TITLE NAME STREET ADDRESS		Change Addition
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE NAME STREET ADDRESS	•		800205939505 Addition 04/29/1101008021 **377.50	
CITY-ST-ZIP TITLE	☐ Delete	CITY-ST-ZIP TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the timited liability company or the federical supplied of execute this report as required by Chapter 608, Florida Statutes				
SIGNATURE: SIGNATURE and TYPE OR PRINTED NAME OF SIGNING-MARKETING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Disjurie Prone #				