

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 DEC 26 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mf

DOCUMENT #

L99-8945

1. Limited Liability Company's Name

RMG INTERNATIONAL LLC

REINSTATEMENT 2000

2. Principal Office Address

6702 POINTE WEST BLVD

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BRADENTON, FL

City & State

Zip

34209

Country

US

Zip

Country

4. State/Country of Formation

FLORIDA / US

5. Date Organized or Qualified
To Do Business in Florida

12/29/1999

6. FEI Number

59-3613726

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

900003856009-1

Name

CERENE, MICHEL

-03/16/01--01059-029

****150.00 ****150.00

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

6702 POINTE WEST BLVD

Suite, Apt. #, Etc.

City

BRADENTON

State

FL

Zip Code

34209

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

Heave

Date 12/10/02

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	CERENE, MICHEL	6702 POINTE WEST BLVD	BRADENTON, FL 34209

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

Heave

Date 12/10/02

Daytime Phone # 941-545-9591

Typed or printed name of signing Managing Member/Manager

MICHEL CERENE