

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **L99000008985**

1. Limited Liability Company's Name

RMG INTERNATIONAL, LLC

2. Principal Office Address

6702 POINTE WEST BLVD

Suite, Apt. #, etc.

City & State

BRADENTON, FL

Zip

34209

Country

US

3. Mailing Office Address

6702 POINTE WEST BLVD

Suite, Apt. #, etc.

City & State

BRADENTON, FL

Zip

34209

Country

US

4. State/Country of Formation

US

5. Date Organized or Qualified
To Do Business in Florida

12/20/1999

6. FEI Number

593613726

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

MICHEL C. CERENE

900004761949-0

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

6702 POINTE WEST BLVD

-01/09/02--01029--026

******150.00 ****150.00**

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **12/10/2001**

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 C.	6702 Pointe West Blvd.	BRADENTON, FL 34209

REINSTATEMENT

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

[Signature]

Date

12/26/01

Daytime Phone #

941-545-9591

Typed or printed name of signing Managing Member/Manager

MICHEL CERENE

CR2E041 (9/01)