

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2007 MAY 10 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **104000002373**

1. Limited Liability Company's Name

Resource Management Service, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box # 31 Inverness Center Parkway		3. Mailing Office Address P.O. Box 380757	
Suite, Apt. #, etc. 360		Suite, Apt. #, etc.	
City & State Birmingham, AL		City & State Birmingham, AL	
Zip 35242	Country USA	Zip 35238-0757	Country USA

4. State/Country of Formation Alabama	
5. Date Organized or Qualified To Do Business in Florida 6/17/2004	
6. FEI Number 20-0617640	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent	
Name CT Corporation System	
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road	
Suite, Apt. #, Etc.	
City Plantation	State FL Zip Code 33324

☐ 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 waived.

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 Jennifer F. Aultman	Date 4/27/2007
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
MGRM	Bruno F. Fritschi	77 Fair Harbor Road	Birmingham, AL 35209

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 Daytime Phone #
Typed or printed name of signing Managing Member/Manager	

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REINSTATEMENT 05-07