


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

SECRET
DIVISION

07 OCT 16 PM 3:44

DOCUMENT # m05000000366

1. Limited Liability Company's Name

RPM HOLDINGS GROUP, LLC.

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

555 W MAIN AVE

Suite, Apt. #, etc.

City & State

CASA GRANDE, AZ

Zip

85222

Country

USA

3. Mailing Office Address

555 W MAIN AVE

Suite, Apt. #, etc.

City & State

CASA GRANDE, AZ

Zip

85222

Country

USA

CR2E041 (1/07)

4. State/Country of Formation

STATE OF ARIZONA

5. Date Organized or Qualified To Do Business in Florida

11/28/2003

6. FEI Number

200448238

Applied For

Not Applicable

7.

CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required for a Certificate of Status

☐ 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.

8. Name and Address of Current Registered Agent

Name

O'BRIEN, MICHAEL

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

410 FLAGSHIP DRIVE, #702

Suite, Apt. #, Etc.

#702

City

NAPLES

State

FL

Zip Code

34108

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



REGISTERED AGENT MUST SIGN

Date

10/04/07

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 CEO	<u>JERRY PETTY</u>	<u>555 W. MAIN AVE.</u>	<u>CASA GRANDE, AZ 85222</u>
MGRM CFO	<u>MICHAEL GABER</u>	<u>555 W. MAIN AVE.</u>	<u>CASA GRANDE, AZ 85222</u>

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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



Date

10/04/07

Daytime Phone # 520-426-3000

Ext 23

Typed or printed name of signing Managing Member/Manager

MICHAEL GABER