

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN 18 PM 12:57

DOCUMENT # M05000003998

1. Limited Liability Company's Name

RPM ~~C~~OMPLETEXPO SERVICES, LLC

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # 411 W. LAKE BRANTLEY ROAD Suite, Apt. #, etc. City & State ALTAMONTE SPRINGS, FL Zip 30144 Country USA		3. Mailing Office Address 411 W. LAKE BRANTLEY ROAD Suite, Apt. #, etc. City & State ALTAMONTE SPRINGS, FL Zip 32714 Country USA	
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4. State/Country of Formation GEORGIA/USA	
5. Date Organized or Qualified To Do Business in Florida 07/15/05	
6. FEI Number 20-2223340	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name J. BRYAN DOLES, III			
Street Address (P.O. Box Number is Not Acceptable) 411 W. LAKE BRANTLEY ROAD			
Suite, Apt. #, Etc.			
City ALTAMONTE SPRINGS		State FL	Zip Code 32714

☒ 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

REGISTERED AGENT MUST SIGN

Date

6/8/08

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	J. BRYAN DOLES	6044 JESSICA DRIVE	APOPKA, FL 32703

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REINSTATEMENT
WOP 06-08 [Signature]

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

6/8/08

Daytime Phone #

770 794 4424

Typed or printed name of signing Managing Member/Manager

J. BRYAN DOLES, III