

# 2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000006197

FILED  
Jul 04, 2014  
Secretary of State

**Entity Name:** REAL ASSET MANAGEMENT INSTITUTE, INC.

**Current Principal Place of Business:**

520 NORTH TYNDALL PARKWAY  
PANAMA CITY, FL 32404

**New Principal Place of Business:**

1210 TWIN LAKES AVE  
NOKOMIS, FL 34275

**Current Mailing Address:**

520 NORTH TYNDALL PARKWAY  
PANAMA CITY, FL 32404

**New Mailing Address:**

PO BOX 5  
LAUREL, FL 34272

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DAVIDS, H. VERON  
590 TAMiami TRAIL #1  
PORT CHARLOTTE, FL 33953      US

**Name and Address of New Registered Agent:**

DAVIDS, H. VERON  
165 W GREEN STREET  
ENGLEWOOD, FL 34223      US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: H. VERNON DAVIDS

07/04/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: DAVIDS, MICHAEL V  
Address: PO BOX 5  
City-St-Zip: LAUREL, FL 34272

Title: D  
Name: DAVIDS, MICHAEL J  
Address: PO BOX 5  
City-St-Zip: LAUREL, FL 34272

Title: D  
Name: DAVIDS, H. VERNON  
Address: 165 W GREEN STREET  
City-St-Zip: ENGLEWOOD, FL 34223

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL V DAVIDS

D

07/04/2014

Electronic Signature of Signing Officer or Director

Date