

P0000005941


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 FEB 25 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P0000005941
1. Corporation Name
 RPM Global, Inc.
 10/1/02

2. Principal Office Address 12157 West Linebaugh Ave. Suite, Apt. #, etc. 300 City & State Tampa, FL Zip 33626 Country USA		3. Mailing Office Address 12157 West Linebaugh Ave. Suite, Apt. #, etc. 300 City & State Tampa, FL Zip 33626 Country USA	
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4. Date Incorporated or Qualified To Do Business in Florida 01/24/00

5. FEI Number 593618070
 Applied For: Not Applicable:

6. CERTIFICATE OF STATUS DESIRED SEE 15. Additional Fee required for a Certificate of Status

400013165594
02/27/03--01046--018 **900.00

7. Name and Address of Current Registered Agent

Name: David A. Bacon
 Street Address (P.O. Box Number is Not Acceptable): 2959 First Ave. N.
 Suite, Apt. #, Etc.:
 City: St. Petersburg
 State: FL Zip Code: 33713

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0603, F.S.

Signature of Registered Agent: *[Signature]* Date: _____
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Steven D. Hall	4892 SE Hwy 160	Columbus, KS 66725

REINSTATEMENT 2002-2003
[Signature]

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(3), F.S. 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: *[Signature]* Date: 02/21/03 Daytime Phone #: 913-593-8900
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven D. Hall

CR-2001 (10/03)