PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 05 AUG 15 PM 4:01		
DOCUMENT # PO2000027700 1. Corporation Name		SECNETA V STATE TALLAHASSEE, FEURDA		
RMGB GEOUP. CORP. 21 SE 1 ST DUE # 705 MIDMI, FL 33131		W		
2. Principal Office Address 2. SE 1st BUE Suite, Apt. #, etc. Suite, Apt. #, etc.		REINSTATEMENT 03-05		
ity & State Sulte, Apt. #, etc. Sulte, Apt. #, etc. City & State		4. Date Incorporated or Qualified To Do Business In Florida 3/13/2002		
MIDMI Floud	Country	5. FEI Number		plied For t Applicable
33131 DOOE	Country	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status		
7. Name and Address of Current Registered Agent Name 1.				
Street Address (P.O. Box Number is Not Acceptable) 21 5				
City MAMI		State FL	Zip Code 33 13/	
8. I, being appointed the registered sent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Regi				
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)				
Titles Name of Street Address of Each Officers and/or Directors Officer and/or Directors				
	21 SE 1 ST DUE MIDMI Fl 33131	# 705 MID	m, F/ 331	3/
			OP 4 Open	······································
		08/18/0501	8742056 053015 **105	0.00
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 817, F.S. I further certify that when filling 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)(i), F.S. The information indicated on this application is true and accurate, and my signature strells in the same logal effect as if made under oath.				
SIGNATURE: SIGNATURE: SIGNATURE OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #				