

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JUL 14 PM 12:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000123840

1. Corporation Name

RHM Holdings, Inc.  
1500

2. Principal Office Address

1500 S OCEAN BVD

Suite, Apt. #, etc.

1201

City & State

POMPANO Bch

Zip

33062

Country

US

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

400039576654  
07/27/04--01081--017 \*\*150.00-

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

20-0354463

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Renate Schomaker

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

1500 S OCEAN BVD

Suite, Apt. #, Etc.

1201

City

POMPANO Bch

State  
FL

Zip Code

33062

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

[Signature]

Date

7/13/04

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>D</u>	<u>Renate Schomaker</u>	<u>1500 S OCEAN BVD, 1201</u>	<u>Pompano Bch, FL 33062</u>

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)(i), 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]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/13/04

Daytime Phone #

CR2E081 (01/04)

July 13, 2004

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

Per the request of the State, I am writing this letter to document my position for my corporation reinstatement. The corporation, RHM Holdings, Inc., was administratively dissolved in September 2004; the year after my corporation was formed. The previous address of the corporation was my former home and the proper forwarding of documents did not occur. Therefore, the required annual report was not filed. I have been unaware of these filings and was made aware of the corporation's inactive status by my Accountant. I would like to remain in good standing with the state and comply with the required filings on a forward going basis.

I hope that this letter and my attached payment of \$150.00 will assist you in the efficient resolution of this matter. I appreciate your anticipated cooperation. Thank you once again for your assistance in this matter and if there is any other information required please feel free to contact my office.

RHM Holdings, Inc  
1500 South Ocean Blvd, Suite 1201  
Pompano Beach, FL 33062

Sincerely,

A handwritten signature in black ink, appearing to be 'Rc' followed by a large, stylized flourish that extends across the line.

Renate Schomaker