

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN 16 PM 1:36

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P 04000159290

1. Corporation Name

RPM Contractor Inc.

300086166973
01/25/07--01003--025 **1050.00

REINSTATEMENT 05-07

CR2E081 (12/05)

2. Principal Office Address 1865 S. Kirkman Rd		3. Mailing Office Address	
Suite, Apt. #, etc. 916		Suite, Apt. #, etc.	
City & State Orlando Florida		City & State	
Zip 32811	Country Orange	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	11/23/2004
5. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED	<input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Luis Rivera		
Street Address (P.O. Box Number is Not Acceptable) 1865 South Kirkman Road		
Suite, Apt. #, Etc. 916		
City Orlando	State FL	Zip Code 32811

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

Date 01/09/2007

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
P	Luis Rivera	1865 South Kirkman Road Apt 916	Orlando Florida 32811

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/09/2007

Date

407-209 9541

Daytime Phone #