

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000159290

Entity Name: RPM CONTRACTOR INC.

FILED
Sep 10, 2009
Secretary of State

Current Principal Place of Business:

851 ALABAMA WOODS LANE
ORLANDO, FL 32824

New Principal Place of Business:

Current Mailing Address:

851 ALABAMA WOODS LANE
ORLANDO, FL 32824

New Mailing Address:

FEI Number: 20-1788842

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIVERA, LUIS
1865 S KIRKMAN RD, APT 916
ORLANDO, FL 32811 US

Name and Address of New Registered Agent:

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: LUIS RIVERA

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RIVERA, LUIS
Address: 1865 S KIRKMAN RD, APT 916
City-St-Zip: ORLANDO, FL 32811

Title: V () Delete
Name: SOSTRE, NANCY IVETTE
Address: 5330 WENDALESS CT
City-St-Zip: ORLANDO, FL 32812

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUIS RIVERA

P

09/10/2009

Electronic Signature of Signing Officer or Director

Date