

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR 22 AM 7:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P07000029/38**

1. Corporation Name

RPMI, Inc.

W1-8836

600169566116
03/22/10--01051--008 **300.00

600169566116
02/18/10--01015--011 **150.00
CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #

40 666 71st street

3. Mailing Office Address

40 666 71st street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Beach, FL

City & State

Miami Beach, FL

Zip

33141

Country

U.S.

Zip

33141

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

3/6/2007

5. FEI Number

20-8568630

☐ 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

Gerson, Preston, Robinson, & Co. P.A.

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

666 71st street

Suite, Apt. #, Etc.

City

Miami Beach

State

FL

Zip Code

33141

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

2/15/10

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
VP	Pablo Marquez	666 71st	Miami Beach, FL 33141

REINSTATEMENT RH

10. E-mail Address: **Pablo@rpmtelecom.net**

(To be used for future annual report notification)

11. 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. I further certify, 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] Pablo Marquez, VP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/12/10 786-543-8888

Daytime Phone #