

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2006 SEP -5 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000068305

1. Corporation Name

RMN INC

2. Principal Office Address

4805, PALMETTO AVE

3. Mailing Office Address

2715, CROSSROADS PKWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WINTER PARK, FL

City & State

FT. PIERCE, FL

Zip

32792

Country

ORANGE

Zip

34945

Country

ST. LUCIE

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

5/1/9995

5. FEI Number

593267600

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

PALEJA HANSRATH

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

1213, ANDES DR.

Suite, Apt. #, Etc.

City

WINTER SPRINGS

State

FL

Zip Code

32708

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

PALEJA H.

Date 8/31/06

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 |
|--------|--------------------------------------|---|--------------------------|
| DP | PALEJA HANSRATH | 1213, ANDES DR | WINTER SPRINGS, FL 32708 |
| DST | PATEL MAHENDRA C | 2715, CROSSROADS PKWY | FT. PIERCE, FL 34945 |
| D | PATEL NAGIN | 6651, DARTER CT. | FT. PIERCE, FL 34945 |
| | | | |
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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

MAHENDRA C. PATEL

Date

8/31/06

Daytime Phone #

(407)
221-
6914