	PLEASE READ	ALL INSTE	RUCTIONS	BEFORE C	OMPLETI	ING THIS FORM.	
FOR 91-97			DEPARTMEN andra B. Mor Secretary of S	tham tate	ALL PLET		
DOCUMENT # P94000079988					97 AUG 11 AM 11: 23		
rpm Worldwide, INC.					SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business 210-A 23-1 Street 210-A 23-1							
Miami Beach, FL 33139 Miami Beach, FL 33139							
If above addresses are incorrect in any way, line through incorrect information and en 2. New Principal Office Address, if Applicable 3. New Mailing Office Address					Date Incorp. To Do Busin	orated or Qualified	
Sulte, Apt. #, etc. Sulte, Apt. #, etc. Sulte, Apt. #, etc.					5. FEI Number	111194	Applied For
City & State City & State					65-05	536865	Not Applicable
Zip	Country	Zip	Country	,			dditional Fee required Certificate of Status
7. Names and Street Addresses of Each Officer and/or Director (Ftorida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each							
Title(s)	2 3 (Do NOT Us			cer and/or Director e Post Office Box N		City / State /	
Р	Francia K. Moo	Ney	210-A 2	3 5t., 1	Miami 13	each, FL 33	139
					1	000022668 -08/14/9701 ****923.75	3 11 4 049004 ****923.75
				REI	NSTA	TEMENT 96	- 97
	B. Name and Address of Course	Donistored Agen			O None and A		Wan
Kyle Lewis Weigel, Esq.				Name Street Address (P	N/A	Address of New Registered Agen	3/11/97
Svit	e 1700		Suite, Apt. #, Etc.				
Miami, FL 33131						State Zip	Code
Signature of Registered Agent Agent Agent Agent MUST SIGN Date Description of Section 607.0505, F.S. Date Description of Registered Agent MUST SIGN							
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No No No on intangible tax.)							
12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER DR DISECTOR 8 6 97 305-672-1998 Daytime Phone #							