25-1996 12:50

APPLICATION FOR REINSTATEMENT

EMPIRE CORPORATE KIT
FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

96 NOV 12 AM 8:20

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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*****8.50 *****8.50

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-10/30/96--01111--004
*****375.00 *****375.00

DOCUMENT # P94000094061

1. Corporation Name

RBM CORPORATION

Principal Place of Business / Mailing Address

8171 Wiles Road, Coral Springs, FL 33067

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable
8171 Wiles Road
Suite, Apt. #, etc.
City & State
Coral Springs, FL
Zip 33067 Country U.S.S.

3. New Mailing Address, if Applicable
same
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 12-30-94

5. FEI Number
65-0551119
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P.D.	Khairunissa Punja	8171 Wiles Road	Coral Springs, FL 33067
S.D.	Hadi Punja	8171 Wiles Road	Coral Springs, FL 33067

REINSTATEMENT 96
A. Allan
11-12-96

8. Name and Address of Current Registered Agent

Beatriz Capote
1428 Brickell Avenue
Miami, FL 33131

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State FL Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent Beatriz Capote Date 11/7/96
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 ☒ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

10/25/96 954-796-7003

SIGNATURE: KHAIRUNISSA PUNJA PRES.