

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

97 FEB 21 PM 1:04

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # PA5000010426

1. Corporation Name

R.M.C., Inc.

Principal Place of Business

Mailing Address

6920 Giralda Circle

Boca Raton, Florida 33433

REINSTATEMENT

AO

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

2. New Principal Office Address, If Applicable

6920 Giralda Circle

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

same

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

2/7/99

5. FEI Number

650555875

Applied For

Not Applicable

City & State

Boca Raton, FL

City & State

Zip

33433

Country

USA

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	<u>Charles S. Wilson</u>	<u>6920 Giralda Cir.</u>	<u>Boca Raton, FL 33433</u>
Treas.	<u>Robert B. Yeakle</u>	<u>1051 FAIRVIEW LANE</u>	<u>SINGER ISLAND FL 33404</u>
SEC.	<u>Richard W. Smith</u>	<u>272 MARBLE CANYON DR</u>	<u>WELLINGTON FL 33414</u>

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***923.75 ***923.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Peter T. Kiffin, Esq.

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

2000 Glades Rd

Suite, Apt. #, Etc.

Suite 110

City

Boca Raton

State

FL

Zip Code

33431

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

2/14/97

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 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: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES S. WILSON 2/14/97 (561) 289-9371

Date

Daytime Phone #

CR2E(40) (12/96)