

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 31 PM 12:05

DOCUMENT # P96000002427

1. Corporation Name

RMK CONCEPTS, INC.

202
UBR

Principal Place of Business

Mailing Address

5045 S. TAMIAMI TR.
SARASOTA FL 34231

5045 S. TAMIAMI TR.
SARASOTA FL 34231



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

01/09/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3351695

Applied For

Not Applicable

City & State

City & State

Zip

Country

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)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|-------------------------|
| P | HORNBERGER, MARGARET M | 5045 S. TAMIAMI TR. | SARASOTA FL 34231 |
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600004691536--3
-11/21/01--01090--001
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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 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:

Margaret M. Hornberger
Margaret M. Hornberger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-15-01

Date

Daytime Phone #

(941) 921-5877

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October 12, 2001

To The Department Of State,

The revocation notice enclosed is the only document that I have received this year from your office. I have called your office and was told to enclose \$150.00 and this letter to reinstate the corporation to active status. If there is any problem with this please feel free to contact me at (941)921-5877.

Thank You,

Margaret M. Hornberger

Margaret M. Hornberger
President, RMK Concepts Inc.