PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT			FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 05 APR 15 PM 12: 38 SECRETARY OF STATE					
DOCUMENT # P97000045613						TALLAHASSEE, FLORIDA				
1. Corpora RBMI	tion Name HOLDINGS, I	NC.								
			•		:					
· · · · · · · · · · · · · · · · · · ·			3. Mailing Office 756 Humph			REMISTATEMENT 99-05				
Suite, Apt. #, etc. Suite, Apt. #				4. 0			Date Incorporated or Qualified To Do Business in Florida 05/22/1997			
			City & State Orlando, FL			5. FEI Number Applied For				
Zip Countr 32803 Oran		-	Zip 32803	Country				\$8.75 Addition	Not Applicable	
7. Name and Address of Current Registered Agent										
Name Russell Shepherd										
	Street Address (P.O. Box Number is Not Acceptable) 756 Humphries Ave.						300052081573 04/26/0501025002 **1600.00			
	Suite, Apt. #, Etc.						<u> </u>			
	City Orlando					State Zip Code FL 32803				
8. I, being Signature o Registered	ıf	stered agent of the ab	Shephe	ion, am familiar with as	nd accept the of	bligations of section	on 607.0505 or 617.	0503, F.S.	CR2E081 (01/05)	
9. Names	and Street Addres	ses of Each Officer a		a nonprofit corporation	is must list at le	ast 3 directors)				
Titles	Name of Officers and/or Directors		rs ·	Street Address of Each Officer and/or Director			City / State / Zip			
PD	Russell Shepherd			756 Humphries Ave.			Orlando, FL 32803			
Đ	Michael Rodriguez			6311 St. Bernard Ave.			New Orleans, LA 70122			
D	William M. Malone, Jr.			976 Byron Ave.			Elizabeth, NY 07208			
s	Deborah Shepherd			756 Humphries Ave.			Orlando, FL 32803			
							Jeru/22			
this rel	instatement application is application is application is true.	tion, the reason for di nave been haid and the and occurate, and my	e names of individual signature shall have	owered to execute this liminated, the corporate is listed on this form do the same legal effect of SHEPHE	a name satisfies o not qualify for as if made unde	s the requirements an exemption und	of section 607.040	1 or 617.0401, F.S., t (i), F.S. The informat	that all fees ion indicated	
	SIGNA	TURE AND TYPE OR F	PRINTED NAME OF SIG	INING OFFICER OR DIRE	ECTOR		Date	Daytime Phone	#	