

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

01 APR 26 PM 2:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000047004

1. Corporation Name

R P M LIMITED, INC.

Principal Place of Business

301A MEARS BLVD  
OLDSMAR FL 34677  
US

Mailing Address

550 N REO ST  
SUITE 300  
TAMPA FL 33609-1013

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/23/1997

5. FEI Number

59-3450439

Applied For

Not Applicable

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 non-profit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	HOWE, C. ROBIN	210 LIGHTHOUSE CT	SAFETY HARBOR FL 34695
D	HOWE, MARK	5904 SPRINGRUN CT	HOLIDAY FL 34690
D	HOWE, PETER	2538 PINETTA CT	HOLIDAY FL 34691
			800004194858-1
			-05/11/01--01015--008
			***300.00 ***300.00
			LS

8. Name and Address of Current Registered Agent

SHAW, BILL M  
550 N REO ST  
SUITE 300  
TAMPA FL 33609-1013

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

*Bill M Shaw*  
REGISTERED AGENT MUST SIGN

Date

4-3-01

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:

*Bill M Shaw*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-23-01 (813) 855-1869

CR2E040 (8/00)

203

DIVISION OF CORPORATIONS  
ANNUAL REPORT/REINSTATEMENT SECTION  
P.O. BOX 6327  
TALLAHASSEE, FL. 32314-6327

APRIL 14, 2001

RE: R P M LIMITED, INC.  
301 A MEARS BLVD.  
OLDSMAR, FL. 34677  
(727) 855-2961

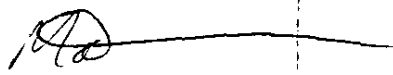
Stacy:

R P M LIMITED, Inc. did not receive the original Annual Report for the last two years our address had changed from 400 B Douglas Road to 301 A Mears Blvd. Oldsmar, Fl. 34677-3048. I am sending a check with the signed form you mailed me for \$300.00.

Therefore, upon your instructions I am completing the report and sending it in along with the filing fee.

If additional information is needed please let me know.

Sincerely, --



Mark Howe, V. President