PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. JRIDA DE APPLICATION FILED FOR REINSTATEMENT 99 MAY 24 PM 1:38 0000002941 DOCUMENT # 129 GEOFFRARY OF STATE TALLABASSUE, FLORIDA 1. Corporation Name RLMS Structures, Inc. Principal Place of Business Mailing Address same 4327 6th Avenue St. Petersburg, FL 33713 ATEMENT 98-9 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 4327 6th Avenue 3. New Malling Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida Suite, Apl. #, etc. Suite, Apl. #, etc. 5. FEI Number Applied For City & State City & State Not Applicable 59-3451992 St. Petersburg, FL \$8.75 Additional Fee required for a Certificate of Status Country Country Pinellas 33713 CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Title(s) City / State / Zip Officer and/or Director (Do NOT Use Post Office Box Numbers) 4327 6th Avenue St. Petersburg, FL 3371 PN R.L. Goodwin VPS Martha H. Stewart 4327 6th Avenue St. Petersburg, FL 3371B ¥ / Ox 800002896578-- o -087**07793 - -01108 --**020 ****900.00 ****900.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Martha H. Stewart Diane Nicholson Street Address (P.O. Box Number is Not Acceptable) 6040 Denver St. NE . 4327 6th Avenue N. St. Petersburg, FL 33703 Suite, Apt. #, Etc. Zip 5009 3 St. Petersburg 10. I, being appointed the orporation, am familiar with and accept the obligations of Section 607.0505, F.S. 5-14-99 REGISTERED AGENT MUST SIGN 11. This corporation owes or has paid the current year (See other side for information No 🖾 Yes 🗀 on Intangible tax.) Intangible Personal Property tax due June 30. 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 indicates on this application is true and accurate, and my signature shall have the same legal effect as if made under oath 5-14-99 **SIGNATURE** SIGNING OFFICER OR DIRECTOR Davime Phone #