

1042

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

06 MAY 12 AM 9:12

STATE
TALLAHASSEE, FLORIDA

400075268544
05/25/06--01018--007 **450.00

**CORPORATION
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # 997000090123

1. Corporation Name

RPM USA INC

2. Principal Office Address

1105 SCARLET OAK ST

Suite, Apt. #, etc.

City & State

Hollywood FL

Zip

33019

Country

USA

3. Mailing Office Address

1105 SCARLET OAK ST

Suite, Apt. #, etc.

City & State

Hollywood FL

Zip

33019

Country

USA

REINSTATEMENT CRZEDB7 (12/05)

0406

4. Date Incorporated or Qualified To Do Business in Florida

10/20/1997

5. FEI Number

650841621

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

PEDRO SANTOS

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

1105 SCARLET OAK ST

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33019

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent



REGISTERED AGENT MUST SIGN

Date 04/25/06

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	CARLOS E. FRANCO AMASTHA	1105 SCARLET OAK ST	Hollywood FL 33019

10. 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 contained in Chapter 119, 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:



Carlos Franco Amastha

04/25/06

305.409-8440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2086

To
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

✓

Hollywood April 25, 2006

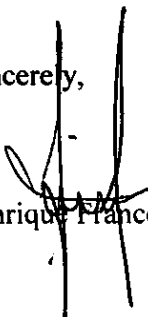
Dear Sirs,

This is to inform you that since 2004, we have not received the annual report notices to proceed with it as requested.

Please accept our request to have RPM USA INC reinstated and to waive the reinstatement fee.

Some changes were made, as you will see in the form attached, as agent name and address of the corporation.

Yours sincerely,


Carlos Enrique Franco Amastha