PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
01 MAR -8 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000003140

1. Corporation Name

RMB USA, INC.

Principal Place of Business	Mailing Address
~~4780~~ DISTRIBUTION DR. TAMPA FL 33605-5922	~~4780~~ DISTRIBUTION DR. TAMPA FL 33605-5922

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

02/11/00 90040 008 158.75
07/20/00 90018 014 550.00

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
4949 DISTRIBUTION DR	4949 DISTRIBUTION DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA	City & State: TAMPA FL
Zip: 33605 Country: USA	Zip: 33605 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 01/12/1999

5. FEI Number: 59-355-0756 ☐ 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 nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	BENFIELD, RUTH L	25460 HAYMAN RD.	BROOKSVILLE FL 34602

PAID 00-01 18

000003851990--6
-03/14/01--01016--026
****191.25 ****191.25

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
~~HARRISON, CHARLES R~~ ~~1400 W. FAIRBANKS AVE., STE. 204~~ ~~WINTER PARK FL 32789~~	Name: RUTH L. Benfield Street Address (P.O. Box Number is Not Acceptable): 4949 DISTRIBUTION DR Suite, Apt. #, Etc.: City: TAMPA State: FL Zip Code: 33605

CR2E040 (8/00)

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: Ruth L. Benfield SIGNATURE REQUIRED — REGISTERED AGENT MUST SIGN Date: 02-22-01

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: Ruth L. Benfield Ruth L. Benfield 02-22-01 813 248-8119

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #