

APPLICATION FOR REINSTATEMENT



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

FILED

00 DEC 13 AM 9:42
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P99000049299**
 1. Corporation Name
R. M. SYSTEMS INTERNATIONAL CORPORATION

Principal Place of Business Mailing Address
 1276 S.W. 113 TERR., APT. 203 1276 S.W. 113 TERR., APT. 203
 PEMBROKE PINES FL 33025 PEMBROKE PINES FL 33025



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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc. 1820 S.W 137 WAY		Suite, Apt. #, etc. 1820 S.W 137 WAY		05/26/1999	
City & State MIRAMAR, FL		City & State MIRAMAR, FL		5. FEI Number 65-0926342	
Zip 33027 Country U.S.A		Zip 33027 Country U.S.A		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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
President	HILDA R. RODRIGUEZ	1820 S.W 137 WAY	MIRAMAR, FL 33027
Vice President	MISAE L. LARCAIA	1820 S.W 137 WAY	MIRAMAR, FL 33027
			100003515291--6 -12/28/00--01019--023 ****750.00 ****750.00
			TS
			REINSTATEMENT

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
RODRIGUEZ, HILDA R 8410 W. FLAGLER ST., STE. 208 MIAMI FL 33144		Name RODRIGUEZ, HILDA REINA	
		Street Address (P.O. Box Number is Not Acceptable) 1820 S.W 137 WAY	
		Suite, Apt. #, Etc.	
		City MIRAMAR	State FL Zip Code 33027

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 *Hilda R. Rodriguez* REGISTERED AGENT MUST SIGN
 Date **Dec 5/2000**

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: *HILDA REINA RODRIGUEZ*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date **Dec 5/2000**
 Daytime Phone # **954. 4431701**

CR2E040 (8/00)