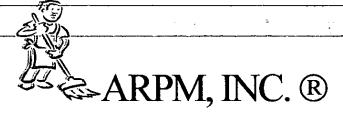
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COR REIN	PORATION TO THE PORT OF THE PO	FLORIDA DEPARTMENT (Katherine Harris Secretary of State DIVISION OF CORPORATION	• •		FILEU URETARY OF STATE IUN OF CORPORATIO MAR 27 AM II: 43	
DOCU		0053014				
	RPM, INC.					
				7000052712471: -04/15/0201018010 ****308.75 ****308.75		
2. Principal Office Address 13919 68th State N. 13919 68th St. WORTH						
'Suite, Apt. #, etc. N/A Suite, Apt. #, etc.				4. Date Incorporated or Qualified To Do Business in Florida		
WEST PACHBOH-FC WEST PACHBOH-FC			5. FEL Number Applied For 65-0926754 Not Applicable			
zip331	112 PACY BCH	233412 PACA	1 BCH	6. CERTIFICATE OF STATE		
7. Name and Address of Current Registered Agent						
Name ANAZKOTA KOSSI						
	Street Address (P.O. Box Number is Not Acceptable) 13 919 68 TH STREET NORTH					ĺ
	Suite, Apt. #, Etc.					-
City WEST PRAY BCH				State FL	Zip Code 334/2	1
						 ê
						CR2E081 (9/01)
		GISTERED AGENT MUST SIGN				
	and Street Addresses of Each Officer and Name of					
Titles	Officers and/or Directors Officer and/or Director				City / State / Zip	
y.Y.	ADMILSON ROSSI 1399 6871 STNORTH W.Y.B. /FL/33412					
RES	5 ANAZILMA ROSSI 139196874501			UDATH W.Y.B/R/33412		
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					<u>k</u>	
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						
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 less owed by the corporation have been plaid 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 acquirate, and my signature shall have the same legal effect as if made under oath.						
SIGNATURE: 184-7550						
F	SIGNATURE AND TYPED OR PR	INTED NAME OF SIGNING OFFICER OR DI	KECTON	, , Date	Daytime Phone #	1



Monday, March 25, 2002

To:

Department of State

Division of Corporations

409 East Gaines St

Tallahassee - FL - 32399

From:

The desk of

Anazilma Rossi

Reinstatement of ARPM, Inc.

Dear Sis/ Madam

Please process the application of reinstatement, and as per my conversation with Department Official, she has suggested that we write this request for waiver for the \$750.00 fee due to non-receipt of the Uniform Business Report for the year 2001. We sincerely regret our mistake in pursuant this matter earlier, but we're a young Company and didn't know about this yearly filling.

I'm.forwarding a check for \$300.00 + \$8.75 for the certificate, if there is a need to pay more, please advise immediately, so we may be within the State's Business Regulations.

We kindly request that this matter be cared for in a extremely urgent manner, I submit

Sincerely,

Anazilma Rossi

President

Heron Milar

People you can count on!!!