

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 OCT 17 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 575543

1. Corporation Name

RMR Distributors, Inc.

2. Principal Office Address - No P.O. Box #
9610 Norwood Drive

3. Mailing Office Address
1411 S. Moody Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Tampa, FL

City & State
Tampa, FL

Zip
33624

Country
US

Zip
33629

Country
US

REINSTATEMENT 07
CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida **1991**

5. FEI Number
65-0308072

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Schecht, Neil S.

Street Address (P.O. Box Number is Not Acceptable)
4830 W. Kennedy Blvd. 3630 W Kennedy Blw

Suite, Apt. #, Etc.
Ste. 280

City
Tampa

State
FL

Zip Code
33609

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date **10/10/07**

REGISTERED AGENT MUST SIGN

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
D	Russo, Robert Martin	1411 S. Moody Ave.	Tampa, FL 33629

Handwritten: 10/18

*Stamp: 10/17/07 01014 001 **61.25
800110875198
10/17/07 01014 001 **61.25*

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10/10/07**

Daytime Phone #