

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

08 AUG 18 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07302008 REIN-P CR2E098 (1/07)

DOCUMENT # V00044
1. Entity Name
RM HOLDINGS, INC.



Principal Place of Business
4004 ANDERSON RD
CORLA GABLES, FL 33146 US

Mailing Address
4004 ANDERSON RD
CORLA GABLES, FL 33146 US

2. Principal Place of Business - No P.O. Box #
3905 Monserrate St.
Suite, Apt. #, etc.

3. Mailing Address
3905 Monserrate St.
Suite, Apt. #, etc.

City & State
Coral Gables, FL

City & State
Coral Gables, FL

Zip
33134

Country

Zip
33134

Country

4. FEI Number
65-0300259

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MOREIRA, ROBERT
4004 ANDERSON RD
CORAL GABLES, FL 33146

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
3905 Monserrate St.
City
Coral Gables FL Zip Code
33134

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Robert Moreira* DATE *8.11.08*

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P MOREIRA, ROBERT, JR. 4004 ANDERSON RD CORAL GABLES, FL 33146 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | P Moreira, Robert Jr 3905 Monserrate St Coral Gables, FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver, or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert Moreira* DATE: *8.11.08* DAYTIME PHONE: *3059626115*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE