

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 AUG 25 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000172389

1. Corporation Name

RMI Notary Services Inc.

800158928648
08/25/09--01024--002 **150.00

800158928648
07/27/09--01040--005 **300.00

REINSTATEMENT 07-09

2. Principal Office Address - No P.O. Box #

3389 Sheridan Street

3. Mailing Office Address

3389 Sheridan Street

Suite, Apt. #, etc.

#500

Suite, Apt. #, etc.

#500

City & State

Hollywood, Florida

City & State

Hollywood, Florida

Zip

33021

Country

USA

Zip

33021

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/27/2004

5. FEI Number
20-2093515

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

Dania Melendez

Street Address (P.O. Box Number is Not Acceptable)

3625 S. Longfellow Circle

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33021

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

Dania Melendez

REGISTERED AGENT MUST SIGN

Date

7/20/09

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
P	Robert Melendez	3389 Sheridan Street #500	Hollywood/Florida/33021
S/T	Dania R. Melendez	3389 Sheridan Street #500	Hollywood/Florida/33021

[Signature] 8/27

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] ROBERT MELENDEZ President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/20/09

Date

954-609-2315

Daytime Phone #