

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F10000002591

1. Limited Liability Company's Name

RS1 Holdings, Inc.

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

300 East Sonterra Blvd.

Suite, Apt. #, etc.

Ste. 310

City & State

San Antonio, TX

Zip

78258

Country

U.S.

3. Mailing Office Address

18866-103 Stone Oak Pkwy.

Suite, Apt. #, etc.

Box 4

City & State

San Antonio, TX

Zip

78258

Country

U.S.

8. Name and Address of Current Registered Agent

Name

Nearing, Michael

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

2000 South Dixie Hwy.

Apt. #, Etc.

Suite 112

City

Miami

State

FL

Zip Code

33133

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of

Registered Agent

REGISTERED AGENT MUST SIGN

Date 18 JUL 16

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
CP	Ober, Robert W	22920 Mangrove Dr.	San Antonio, TX 78260
DVPT	Ober, Suzanne K	22920 Mangrove Dr.	San Antonio, TX 78260
DS	Behrens, Shawn W	130 Talavera Pkwy., #713	San Antonio, TX 78232

11. E-mail Address: mnearing@nearingfirm.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Date 18 JUL 16

Daytime Phone # 205-989-0676

Typed or printed name of signing authorized representative/member

FILED

16 AUG -9 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2ED41 (1/14)

4. State/Country of Formation

TX

5. Date Organized or Qualified
To Do Business in Florida

06/04/2010

6. FEI Number

14-1972692

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a certificate of status

600288261416
08/09/16--01016--002 **553.75

600288261416
07/22/16--01030--019 **555.00