CE BOOOG GEOSTHIS FORM

COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

03 JUN 23 AM 11:23

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Daytime Phone # (813)24

DOCUMENT # \	_ 000000000000000000000000000000000000
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1. Limited Liability Company's Name

Managing Member/Manager

Typed or printed name of signing Mana

ing Member/Manager _

RRK Properties LLC

	·					1757°' Jain	2/03010		പ്റ് ഗോഗത്തെ ര	.0	
2. Principal Office Address 3. Mailing Office Address						U5/I	2/U3****U1U!	02012	**255.0	(I) ·	
701 W. Kennedy Blud. PO Bo			OX 1064 4. State/Cou			ıntry of Formation					
Suite, Apt. #, etc. Suite, Apt. #, etc.			etc.	Honda					····		
•					1		nized or Qualified ness in Florida	1.11016	ν Δ		
City & State City & State					To Do Business in Florida 41200						
Tampa Fi Tampo			19a-	<u> </u>		6. FEI Number Applied For ✓ Not Applicab					
Zip	Country	Zip	1 7	Country	_	 7.		CE 00 A	,	1	
336	206 USA	3 36	01	USA	'	CERTIFICATE	OF STATUS DESI		dditional Fee Certificate of S		
		8. 1	lame and	Address of Current R	egistered	Agent				1 /	
	Name Lynn Ramey Esa.										
	Street Address (P.O. Box Number is Not Acceptable)										
	701 W. Kennedy Blvd.										
	Suite, Apt. #, Etc.										
	city Tampa					.		00de 3606			
	, I									8	
9. I, being	appointed the registered agent of the	e above named limite	d liability of	ompany, am tamiliar w	ith and acc	ept the obligat	ions of Chapter 6	08, F.S.		. 5	
Signature of Registered							Date			CR2E041 (10/02	
	0 11	REGISTERED AG	ENT MUS	TSIGN					•	٥	
10. Name	es and Street Addresses of Managing	g Members/Managers)								
Titles	Name of Managing Members/Managers			Street Address of Each Managing Member/Manager			City / State / Zip				
P	mark S. Ram	VELJ MORM	701	w. Ken	nod	. Alid	Tamo	a FI	3360	ا	
F	11 Car C 3. Pari	ACT PORM	l O l	W. Pai	TROS		Lyrus	4,10	7000	0	
VP_	David B Kar	not moen	JOI-	_w_kep	ned	Blud	Tami	xi-fi	336	عا(
ST	Lunn V. Rav	neywofr	4701	w Ken	ned	J Blud	Tam	m F	- 331/	0/0	
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	fy that I am managing member/mana										
filing ti all fee	his reinstatement application the reases owed by the limited liability compan	on for dissolution has y have been paid. The	been elimir informatio	nated, the limited liabili n indicated on this app	ty company dication is t	y name satisfie rue and accura	s the requirement ite, and my signat	ts of section 608. ture shall have th	406, F.S., and e same legal (that effect	