PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # L00000008111

1. Limited Liability Company's Name

R FISH, L.L.C.

2. Principal Office Address	**3.** Mailing Office Address
4336 TAMIAMI TRAIL	4336 TAMIAMI TRAIL
Suite, Apt. #, etc. UNIT #1	Suite, Apt. #, etc. UNIT #1
City & State PORT CHARLOTTE, FL	City & State PORT CHARLOTTE, FL
Zip 33980 Country USA	Zip 33980 Country USA

4. State/Country of Formation: Florida, USA

5. Date Organized or Qualified To Do Business in Florida: JULY 13, 2000

6. FEI Number: 65 1023146 — Applied For ☐ Not Applicable ☐

7. CERTIFICATE OF STATUS DESIRED ☒ — $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: JEFFREY J. POISSON

Street Address (P.O. Box Number is Not Acceptable): 1646 KIRKWOOD STREET

Suite, Ant. #, Etc.:

City: NORTH PORT State: FL Zip Code: 34288

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9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: Jeffrey J. Poisson (REGISTERED AGENT MUST SIGN) Date: December 31, 2001

CR2E041 (9/01)

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	POISSON, JEFFREY J.	1646 KIRKWOOD STREET	NORTH PORT, FL 34288
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			UBR 50
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11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, 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 requirements of section 608.406, 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.

Signature of Managing Member/Manager: Jeffrey J. Poisson Date: 12/31/01 Daytime Phone #: (941) 766-7007

Typed or printed name of signing Managing Member/Manager: JEFFREY J. POISSON