

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**L01000005006**

AND FILED

02 DEC 16 AM 9:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000005006

Name and Mailing Address

0010285 01 FP 0.352 \*\*PRSRT H7 0 0615 33912-522061

RJM TECHNICAL SERVICE LLC  
18261 FERN ROAD  
FORT MYERS FL 33912-5220

**REINSTATEMENT** *7007*



CR2E084 (8/02)

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 18261 FERN ROAD FORT MYERS FL 33912		3. Date Organized or Qualified To Do Business in Florida 03/30/2001	6. FEI Number 65-1105168
3. New Principal Place of Business Address City, State, Zip		Applied For Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent MCGREGOR, JAMES M JR. 18261 FERN ROAD FORT MYERS FL 33912	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
--	--

10. 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: *[Signature]* Date: 12-12-02  
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
W	JAMES M MCGREGOR, JR	18261 FERN ROAD	FORT MYERS FL 33912
P	ROSEMARY MCGREGOR	18261 FERN ROAD	FORT MYERS FL 33912

300009527443  
12/16/02--01083--002 \*\*150.00

*[Signature]*

12. 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: *[Signature]* Date: 12-12-02 Daytime Phone #: 239 9107700  
Typed or printed name of signing Managing Member/Manager: JAMES M MCGREGOR JR