

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF
Jill Smith
Secretary of State
DIVISION OF CORPORATIONS

L01000015379

FILED

1. DOCUMENT # L01000015379

Name and Mailing Address

0006167 01 FP 0.352 **PRSRT T9 0 0615 32601-580992



RUSH L.L.C.
201 SE 2ND AVE.
317
GAINESVILLE FL 32601-5809

02 OCT 29 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10/4/02

2. New Mailing Address

110 S. MAIN STREET

City, State, Zip

GAINESVILLE, FL 32601

Principal Place of Business

201 SE 2ND AVE.
317
GAINESVILLE FL 32601

3. New Principal Place of Business Address

110 S. MAIN STREET

City, State, Zip

GAINESVILLE, FL 32601

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

09/10/2001

6. FEI Number (EIN)

59-3755554

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

KRESSER, ERIC J
201 SE 2ND AVE.
317
GAINESVILLE FL 32601

9. Name and Address of New Registered Agent

Name

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

City

000008670850
10/29/02 01095 007 *155.00
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]

REGISTERED AGENT MUST SIGN

Date

10/28/02

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
MGR	KRESSER, ERIC J	201 SE 2ND AVE. #317	GAINESVILLE FL 32601
MGR	SIDHU, HERMANN	5811 NW 42 RD.	GAINESVILLE FL 32606

REINSTATEMENT 2002

mk

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

10/28/02

Daytime Phone #

352-692-3190

Typed or printed name of signing Managing Member/Manager

Eric Kresser

CR2E084 (8/02)