

L01000017547

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVAL
AND
FILED

03 FEB 14 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000017547

1. Limited Liability Company's Name

R. & C. G. Ent. LLC

500012565725
02/14/03--01045--024 **200.00

2. Principal Office Address

24838 Overseas Highway

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 421113

Suite, Apt. #, etc.

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

10/12/01

6. FEI Number

52-2347483

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

City & State

Summerland Key

City & State

Summerland Key

Zip

33042

Country

Monroe

Zip

33042

Country

Monroe

8. Name and Address of Current Registered Agent

Name

Larry Erskine

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

31211 Ave. A

Suite, Apt. #, Etc.

City

Big Pine Key

State

FL

Zip Code

33043

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

[Signature]

Date

2/11/03

REGISTERED AGENT MUST SIGN

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
MGR	Robert H. Gay	1136 Hakehurst Lane	Cudjoe Key, FL 33042

REINSTATEMENT

2002-
2003

[Signature]

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

[Signature]

Date

2-10-03

Daytime Phone #

305.797-1480

Typed or printed name of signing Managing Member/Manager

Robert H. Gay

CR20041 (10/02)