

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY 19 AM 10:19

DOCUMENT #

1. Limited Liability Company's Name

LD2000000818

Rhino Harbor, LLC

2. Principal Office Address

2933 N. Myrtle Ave

Suite, Apt. #, etc.

Suite 201

City & State

Jacksonville, FL

Zip

32209

Country

USA

3. Mailing Office Address

2933 N. Myrtle Ave

Suite, Apt. #, etc.

Suite 201

City & State

Jacksonville, FL

Zip

32209

Country

USA

CR2E041 (8/05)

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

January 10, 2002

6. FEI Number

90-0005580

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

Reginald Fullwood

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

3125 Moll Court

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32254

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]
REGISTERED AGENT MUST SIGN

Date 4/24/06

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	Reginald Fullwood	3125 Moll Court	Jacksonville, FL 32254
			10-28-03 01056012 *\$5.00
			500076019045
			06/08/06--01042--006 **205.00
			REINSTATEMENT 03-06

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]
Reginald Fullwood

Date 4/24/06 Daytime Phone # 904 301 3797

Typed or printed name of signing Managing Member/Manager