

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
BUREAU OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 APR 30 PM 20

DOCUMENT # L020600 32379

1. Limited Liability Company's Name

RAC Enterprises LLC

REINSTATEMENT

2003-2004

700031849867  
04/05/04--01079--001 \*\*150.00

2. Principal Office Address

4035 12th Ave S

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 531 003

Suite, Apt. #, etc.

City & State

St. Petersburg FL

Zip Country

33711 US

City & State

St. Petersburg FL

Zip Country

33747 US

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

3-30-04

6. FEI Number

06-167-9097

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

Roderick N Morris

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

4035 12th Ave South

Suite, Apt. #, Etc.

City

St. Petersburg FL

State  
FL

Zip Code

33711

500034819055  
04/30/04--01023--001 \*\*50.00

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

Roderick N Morris

REGISTERED AGENT MUST SIGN

Date

3-30-04

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	Roderick N Morris	4035 12th Ave So	St Pete FL 33711
		2003-	
		2004	

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

Roderick N Morris

Date

3-30-04

Daytime Phone #

727-321-7092

Typed or printed name of signing Managing Member/Manager

Roderick N Morris

CR2E041 (10/02)