Florida Department of State
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LIMITED LIABILITY REINSTATEMENT
SUITT-RKC, LLC, I

Certificate of Status	0
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S. HAWKES
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TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000001628

1 Limited Liability Company's Name
SUITT-RKC, LLC, I

CR2E041 (1/14)

2 Principal Office Address - No P O Box	3 Mailing Office Address
601 Jefferson St.	601 Jefferson St.
Suite Apt # etc: 3400	Suite,Apt # etc: 3400
City & State: Houston, Texas	City & State: Houston, Texas
Zip: 77002 Country: USA	Zip: 77002 Country: USA

4 State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business In Florida: 01/13/2003

6. FEI Number: 223891470 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS ISSUED ☐ $5.00 Additional Fee required for a certificate of status

8 Name and Address of Current Registered Agent

Name: C T Corporation System

Street Address (P O Box Number is Not Acceptable; Suite: 1200 South Pine Island Road

Apt # Etc:

City: Plantation State: FL Zip Code: 33324

9 I being appointed the registered agent of the above named limited liability company am familiar with and accept the obligations of Chapter 605 F S

Signature of Registered Agent: Linda Stauffer Date: 06/02/2015

REGISTERED AGENT MUST SIGN Linda Stauffer, Assistant Secretary

10 Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representatives/ Managers	City/State/Zip
Pres.	William (Mac) Carpenter III	201 East McBee Ave, Suite 400	Greenville, SC 29601
VP	James Philip McCormick Jr	601 Jefferson St.	Houston, TX 77002
Tax Off	James Crenshaw	601 Jefferson St.	Houston, TX 77002
Ast. Sec	Charmane R. Whatley	601 Jefferson St.	Houston, TX 77002
	REINSTATEMENT 2009-2015		

11 E mail Address: charmane.whatley@kbr.com
(To be used for future annual report notifications)

12 I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605 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 requirement of section 605 0012, 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 I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817 155, F S.

Signature of authorized representative/member: Charmane R. Whatley Date: 6-2-15 Daytime Phone #: 713-753-2154

Typed or printed name of signing authorized representative/member: Charmane R. Whatley

S. HAWKES

JUN 2 - A.M.

EXAMINED