

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

Certificate of Status	0
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Page Count	02
Estimated Charge	\$1,626.25

S. HAWKES

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EXAMINER

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LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		CR2001 (1/14)	
DOCUMENT # L03000015813 I. Limited Liability Company's Name SUITT-RKC, LLC, II					
2. Principal Office Address - No P.O. Box # 601 Jefferson St. Suite Apt # etc 3400 City & State Houston, Texas Zip 77002		3. Mailing Office Address 601 Jefferson St. Suite Apt # etc 3400 City & State Houston, Texas Zip 77002		4. State/Country of Formation Florida 5. Date Organized or Qualified To Do Business in Florida 05/01/2003 6. FEI Number 223891470	
Country USA		Country USA		Applied For ☐ Not Applicable 7. CERTIFICATE OF STATUS REQUIRED ☐ \$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 if Not Accepted at Site 1200 South Pine Island Road Apt # Etc City Plantation					
State FL					
Zip Code 33324					
9. I am hereby 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 <i>Linda Slaughter</i> Date 06/02/2015 REGISTERED AGENT MUST SIGN: Linda Slaughter, Assistant Secretary					
10. Names and Street Addresses of Authorized Representatives/Managers					
Titles	Name of Authorized Representative/Manager	Street Address of Each Authorized Representative/Manager	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	Charmaine R. Whatley	601 Jefferson St.	Houston, TX 77002		
REINSTATEMENT 2005-2015					
11. E-mail Address: charmaine.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. 817.105, F.S.					
Signature of authorized representative/member <i>Charmaine R. Whatley</i> Date 6-2-15 Daytime Phone # 713-753-2154					
Typed or printed name of signing authorized representative/member Charmaine R. Whatley					

S. HAWKES

JUN 2 - A.M.

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