

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000022469

1. Limited Liability Company's Name

RICKERTHOLDINGS, LLC

2. Principal Office Address - No P.O. Box #

1207 Enterprise Drive

Suite, Apt. #, etc.

3. Mailing Office Address

9 Melville Court

Suite, Apt. #, etc.

City & State

Port Charlotte, FL

City & State

Stafford, VA

Zip

33953

Country

USA

Zip

22556

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

June 19, 2003

6. FEI Number

141888594

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

CR2E041 (1/11)

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01/26/11--01029--011 **516.25

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 JAN 27 PM 12:44

FILED

8. Name and Address of Current Registered Agent

Name Dale P. Rickert

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

1207 Enterprise Drive

Suite, Apt. #, Etc.

City

Port Charlotte

State

FL

Zip Code

33953

E-mail Address:

kderrickt@sympatico.ca / drickert@comcast.net

(To be used for future annual report notices)

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

Dale P. Rickert

Date 1/19/11

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	Dennis G. Rickert	224 Corrie Crescent	Waterloo, Ontario N2L5W-4 CANADA
MGR	Dale P. Rickert	9 Melville Court	Stafford, VA 22556

REINSTATEMENT

L. SELLERS

JAN-28-2011

EXAMINER

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. 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 Managing
Member/Manager

Dale P. Rickert

Date 1/19/11

Daytime Phone # 941-628-0515

Typed or printed name of signing Managing Member/Manager Dale P. Rickert