PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000030951

1. Limited Liability Company's Name
RTM COMPANY, LLC

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #	**3.** Mailing Office Address
4602 Hwy 273	Po Box 223
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Graceville, Fl	Graceville, Fl
Zip 32440 Country US	Zip 32440 Country US

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida 8|19|2003

6. FEI Number   ☒ 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 Harry Farris

Street Address (P.O. Box Number is Not Acceptable)
4602 Hwy 273

Suite, Apt. #, Etc.

City	State	Zip Code
Graceville	FL	32440

A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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 _____   REGISTERED AGENT MUST SIGN   Date 2/14/08

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	Harry E Farris	4602 Hwy 273	Graceville Fl 32440
MGRM	Jody E Farris	4622 Hwy 273	Graceville Fl 32440
		0001190122000 02/28/08--01007--018 **516.25	
		REINSTATEMENT 2006-08	

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 _____   Date 2/14/08   Daytime Phone # 850-263-7927

Typed or printed name of signing Managing Member/Manager Harry E Farris