

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
08 JUN 12 PM 2:23

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # LO3000051254

1. Limited Liability Company's Name

Rhode Ireland Enterprises, LLC

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

2 Macon Way

Suite, Apt. #, etc.

City & State

St. Cloud, Florida

Zip
34769

Country
USA

3. Mailing Office Address

2 Macon Way

Suite, Apt. #, etc.

City & State

St. Cloud, Florida

Zip
34769

Country
USA

CR2E041 (1/07)

State/Country of Formation
Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

12/15/2003

6. FEI Number

59-3230379

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
Teresa O'Doherty

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

2 Macon Way

Suite, Apt. #, Etc.

City
St. Cloud,

State
FL

Zip Code
34769

☒ 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

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 | Teresa O'Doherty | 2 Macon Way | St. Cloud, Florida 34769 |
| MGRM | Cahir O'Doherty | 2 Macon Way | St. Cloud, Florida 34769 |
| MGRM | George Woodbine | 1070 Mineola Ct | Palm Harbor, FL 34684 |
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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

Teresa O'Doherty

Date

6/3/08

Daytime Phone #

407 908 6671

Typed or printed name of signing Managing Member/Manager

Teresa O'Doherty

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