2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 FEB 14 AM 11:08

DOCUMENT # L040 [illegible] 12471

1. Entity Name
RW ENTERPRISES OF [illegible]ATCHEE, LLC

L04000012471

Principal Place of Business	Mailing Address
17431 71ST LANE NORTH LOXAHATCHEE, FL 33470	17431 71ST LANE NORTH LOXAHATCHEE, FL 33470

10252005 REIN-LLC CR2E101 (6/04)

2. Principal Place of Business	3. Mailing Address
17435 71 ST LN North	17435 71ST LN North
Suite, Apt. #, etc LOXAHATCHEE FL	Suite, Apt. #, etc. LOXAHATCHEE FL
City & State 33470 Palm Beach	City & State 33470 PalmBeach
Zip / Country	Zip / Country

4. FEI Number 02071599 7 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DOORAKIAN, DANIEL 625 625 NORTH FLAGLER DRIVE, 8TH FLOOR WEST PALM BEACH, FL 33401	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Daniel Doorak 2/7/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2006, Fee will be $200.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM WRIGHT, RICHARD 17431 71ST LANE NORTH LOXAHATCHEE, FL 33470	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 700066841647 02/28/06--01060--015 **205.00
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] RICHARD WRIGHT Managing Member 2-6-06 561-906-6599
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #