

# L04000030883

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

RECEIVED  
DIVISION OF CORPORATIONS

10 MAY 25 PM 12:56

DOCUMENT # L04000030883

1. Limited Liability Company's Name

Rum Barrel, LLC

09

400181331464  
05/25/10--01025--003 \*\*138.75

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #  
524 Front Street  
Suite, Apt. #, etc.

3. Mailing Office Address  
524 Front Street  
Suite, Apt. #, etc.

City & State  
Key West FL

City & State  
Key West FL

Zip  
33040

Country  
US

Zip  
33040

Country  
US

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

04/22/2004

6. FEI Number

201170091

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  
Erica N. Hughes

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

500 Fleming St

Suite, Apt. #, Etc.

City  
Key West

State  
FL

Zip Code  
33040

☒ 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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 5-19-10

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	Pat Croce	835 Mount Moro Rd.	Villanova, PA 19085

REINSTATEMENT

2009-2010

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11. E-mail Address: T.Broadt@sullivanachner.com

(To be used for future annual report notifications)

12. 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 /s/ Pat Croce

Date 5/19/10

Daytime Phone # 3052949556x222

Typed or printed name of signing Managing Member/Manager Pat Croce, Manager