

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

200.00  
9-16-05

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 DEC -8 AM 9:12

DOCUMENT # L04000042785

1. Limited Liability Company's Name

RONKOR, LLC

CR2E041 (8/05)

2. Principal Office Address

116 Lost Beach Ln.

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Ponte Vedra Beach FL

City & State

Same

Zip

32082

Country

USA

Zip

Country

4. State/Country of Formation

Florida USA

5. Date Organized or Qualified  
To Do Business in Florida

June-8, 2004

6. FEI Number

N/A

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

Ronald T. Cook

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

116 Lost Beach Ln.

Suite, Apt. #, Etc.

City

Ponte Vedra Beach

State  
FL

Zip Code

32082

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

Ronald T. Cook

Date

REGISTERED AGENT MUST SIGN

**10. Names and Street Addresses of Managing Members/Managers**

| Titles | Name of<br>Managing Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip                |
|--------|--------------------------------------|---|-----------------------------------|
| MGRM   | <u>Ronald T. Cook</u>                | <u>116 Lost Beach Ln.</u>                         | <u>Ponte Vedra Beach FL 32082</u> |
| MGRM   | <u>Rond Ward Cook</u>                | <u>116 Lost Beach Ln.</u>                         | <u>Ponte Vedra Beach FL 32082</u> |
|        |                                      |   |                                   |
|        |                                      |   |                                   |
|        |                                      |   |                                   |
|        |                                      |   |                                   |
|        |                                      |   |                                   |

REINSTATEMENT 05-06

400081955354  
11/20/06--01049--005 \*\*150.00

400081955354  
12/08/06--01062--004 \*\*50.00

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

Ronald T. Cook

Date

11/13/06

Daytime Phone #

904-543-1150

Typed or printed name of signing Managing Member/Manager

Ronald T. Cook