

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN 30 AM 9:11

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000066301

1. Limited Liability Company's Name

WALTER JOHN RASH LLC

700087211887
02/05/07--01004--027 **150.00

CR2E041 (1/07)

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

2140 CARNAC STREET

Suite, Apt. #, etc.

3. Mailing Office Address

2140 CARNAC STREET

Suite, Apt. #, etc.

City & State

PORT CHARLOTTE FL

Zip

33952

Country

PORT CHARLOTTE

City & State

PORT CHARLOTTE FL

Zip

33952

Country

PORT CHARLOTTE

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

09-09-2004

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

WALTER JOHN RASH

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

2140 CARNAC STREET

Suite, Apt. #, Etc.

City

PORT CHARLOTTE

State

FL

Zip Code

33952

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

Walter John Rash
REGISTERED AGENT MUST SIGN

Date 01-24-2007

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
<u>MEMBER</u>	<u>WALTER JOHN RASH</u>	<u>2140 CARNAC STREET</u>	<u>PORT CHARLOTTE FL. 33952</u>

REINSTATEMENT 05-07

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

Walter John Rash

Date 01-24-07

Daytime Phone # 1-941-628-0769

Typed or printed name of signing Managing Member/Manager

WALTER U RASH