

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 APR -3 PM 2:10

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DOCUMENT # L05000005809

1. Limited Liability Company's Name

Rigging Solutions, LLC

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # 1345 EBB TIDE AVE Suite, Apt. #, etc.		3. Mailing Office Address 1345 EBB TIDE AVE Suite, Apt. #, etc.	
City & State MERRITT ISLAND, FL		City & State MERRITT ISLAND, FL	
Zip 32952	Country USA	Zip 32952	Country USA

4. State/Country of Formation FL	
5. Date Organized or Qualified To Do Business in Florida 1/19/05	
6. FEI Number 20-2202953	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name MICHAEL LITZ		
Street Address (P.O. Box Number is Not Acceptable) 1345 EBB TIDE AVE		
Suite, Apt. #, Etc.		
City MERRITT ISLAND	State FL	Zip Code 32952

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 _____ Date 3/28/08
REGISTERED AGENT MUST SIGN

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
MGRM	MICHAEL LITZ	1345 EBB TIDE AVE	MERRITT ISLAND, FL 32952

REINSTATEMENT

400121711184
03/31/08--01063--007 **421.25

06, 08

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 _____ Date 3/28/08 Daytime Phone # 321-662-4582

Typed or printed name of signing Managing Member/Manager MICHAEL LITZ