

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAY 20 PM 4:05

SECRETARY OF STATE
TALLAHASSEE FLORIDA

900156213619
05/20/09--01013--010 **555.00
CR2E041 (10/08)

DOCUMENT # L05000011490

1. Limited Liability Company's Name

R. K. Investments, LLC

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

1967 Corporate Square

Suite, Apt. #, etc.

Suite 111

City & State

Longwood, FL

Zip

32751

Country

US

3. Mailing Office Address

1967 Corporate Squaaare

Suite, Apt. #, etc.

Suite 111

City & State

Longwood, FL

Zip

32750

Country

US

4. State/Country of Formation

Florida/US

5. Date Organized or Qualified

To Do Business in Florida 02/03/2005

6. FEI Number

20-2258608

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 W. Edwards

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

1967 Corporate Square

Suite, Apt. #, Etc.

111

City

Longwood

State

FL

Zip Code

32750

☒ 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

REGISTERED AGENT MUST SIGN

Date

4/16/09

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	Ronald W. Edwards	1967 Corporate Square, Unit 111	Longwood, FL 32750
MGR	Kenneth L. Edwards	1967 Corporate Square, Unit 111	Longwood, FL 32750

REINSTATEMENT 06, 09

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

Kenneth L. Edwards

Date

4/16/09

Daytime Phone #

407-830-5457

Typed or printed name of signing Managing Member/Manager

Ronald W. Edwards

N. O. MAY 20 2009