PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING, THIS FORM.

B. Name and Address of Current Registered Agent  Name: ASSANDER GREED  Street Address (P.O. Bay Namey by National Processing Country C	REINSTATEMENT  Secretary of State DOCUMENT # LOSDODOS 78 3  Lumbel Leiting Commany is home Ple rice PLC  Subject And Ple rice PLC  Subject And Ple rice PLC  Subject And Ple rice PLC  Subject Address of Country  Bullo, Apt 8, etc.  Subject And Ple rice PLC  Subject And Ple Rich Ple rice PLC  Subject And Ple PLE Rich Ple rice PLC  Subject And Ple PLE Rich Ple rice PLC  Subject And Ple Rich Ple rice PLC  Subject And Ple PLC PLC  Subject And Ple Rich Ple rice PLC  Subject And Ple PLC PLC  Subject And Ple Rich Ple Ri			in 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
3. Number of Name and Address of Survey Registered Agent  1. Design appointed to Particular Survey S	1. Lymind Liability Company's Name RAG Family Tive Smarths of Fort 1. Lymind Liability Company's Name RAG Family Tive Smarths of Fort 1. Lymind Liability Company's Name RAG Family Tive Smarths of Control (1908)  2. Principal Office Addresses of Load Address of Load Regulation of Control (1908)  3. Mailing Office Addresses of Control (1908)  3. Mailing Office Addresses of Control (1908)  4. State Control (1908)  5. Date Organization of Control (1908)  5. Date Organization of Control (1908)  6. Hamme and Address of Control (1908)  6. Hamme and Addresses of Control (1908)  6. Hamme and	COMPANY	Secretary of State		
Sulta, Apt. 8, etc.  Sulta, Apt. 9, etc.  Sulta, Apt. 10, Starte  F. P.	Sulfa, Apt. 8, etc.  Sulfa, Ap	DOCUMENT # LOSDODO 1. Limited Liability Company's Name R&G Family Inverse Plence SUC	astrents of Fort	000141460620	
City & State Plevie FL Flevie FL Gounty Goun	City & State  Ft Pierre  Ft Pierr	1604 N.4449ST	1604 N. 44XMST	State/Country of Formation     State (Country of Formation     State (Country of Formation)     State (Country of Formation)	
8. Name and Address of Current Registered Agent  Name CASANDRA GREED Street Address (P.O. Boy Number is Instituted and in circumstances which the entity did not received the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.  10. The Plevice State Zip Code  11. Loeing appointed the registered agent of the above named finited liability company, am Igniliativeth and accept the obligations of Chapter 608, F.S.  12. Signature of Registered Agent Managing Member/Managers  13. Names and Street Addresses of Managing Member/Managers  14. Names and Street Addresses of Managing Member/Managers  15. Signature of Managing Member/Managers  16. Names and Street Addresses of Managing Member/Managers  17. Street Addresses of Managing Member/Managers  18. Street Addresses of Each Managing Member/Manager  19. Street Addresses of Each Managing Member/Manager  10. A \$100 reinstatement fee is imposed, except in circumstances which the entity did not received and requesting the \$100 reinstatement be waived.  10. Loeing appointed the projected of the above named finited liability company member/manager of the receiver of this tenthed liability company reme selection 68. A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive and requesting the prior notices by the limber shall not a specified on this application as provided to in capter 608, F.S. Intriber certify that when tilling this reinstatement application the section 68. AS. AS. To Agent Advent a security of the proper place of the section of the september of this application is to use and accurate, and registering shall not be some being defined to this application is to use and accurate, and registering shall not be some being defined to this application is to use and accurate, and registering shall not be some being def	8. Name and Address of Current Registered Agent Name** ASSANDEAL** GREED Street Address of P.O. Bay Number by high popular in 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.  The Plevie FL 3/947  8. I. being appointed the registered agent of the above rigned limited liability company, and Bindland with the deception of Chapter 608, F.S.  Signature of Registered Agent Menagers  Name of Registered Agent Menagers  Titles Managing Member/Menagers  Titles Managing Member/Menagers  Name of N	Ft Plerre, FC	Ft Plevre, FL	6. FEI Number Applied For Not Applied For Not Applicable 7. SETTIFICATE OF STATUS DESIDED 55.00 Additional Fee regulared	
Registered Agent Managing Member/Managers  Titles Managing Member/Managers Street Addresses of Managing Member/Managers  Titles Managing Member/Managers Street Addresses of Each Managing Member/Manager Chy/State/Zip  MOR CASSARYA AYEEN 1604 N.44 <sup>M</sup> ST FT D'erre, FC34947  MOR New Millis McPhee Je 1604 N.44 <sup>M</sup> ST FT Plevre, FC34947  MOR Willis McPhee 2005 N.45 <sup>M</sup> ST FT Plevre, FC34947  MOR Heal Na McPhee 1918 Benforeex FT Plevre, FC34947  MOR Heal Na McPhee 1918 Benforeex FT Plevre, FC34947  MOR HAMMING McPhee 1140 Chafeau Terr McDanbuch Ga 30353  1011 4 1 4 15 10 5 20  12/103/103-011006-0109 ***163.75  11.1 certify that I am managing member/manager or the receiver or trustoe empowered to execute this application as provided for in chapter 608, F.S., and that all bees owed by the limited fability company name satisfies the requirements of saction 608 406, F.S., and that all bees owed by the limited fability company name satisfies the requirements of saction 608 406, F.S., and that all bees owed by the limited fability company name satisfies the requirements of saction 608 406, F.S., and that all bees owed by the limited fability company name satisfies the requirements of saction 608 406, F.S., and that all bees owed by the limited fability company name satisfies the requirements of saction 608 406, F.S., and that all bees owed by the limited fability company have been paid. The information indicated on this application is true and accurate, and my signishure strall have the same legal effect as a firmade under costs.	Registered Agent PARM (Plant Must sign)  10. Names and Street Addresses of Managing Members/Managers  Titles Managing Members/Managers Street Address of Each Managing Members/Managers  Not a standard Oreen 1604 N. 44 <sup>th</sup> ST Flevre, Fl34947  Not Reuhen McPhee Je 1604 N. 44 <sup>th</sup> ST Flevre, Fl34947  Not Real Na McPhee 2005 N. 45 <sup>th</sup> ST Flevre, Fl34947  Not Real Na McPhee 140 Charles of The Plant, Fl34947  Not Andrew More 140 M	Name and Address of Current Registered Agent  Name ASSANDEA GREED  Street Address (P.O. Box Number is Not Advertisable) HIVISNIEN  Suite, Apr. #, Etc.		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	
Name of Managing Member/Managers  Name of Managing Member/Manager  Not Cassadya Oreen 1604 N.44M ST FT Pierce, FL34947  Not Reuhen McPhee Je 1604 N.44M ST FT Pierce, FL34947  Mor Willis McPhee 2205 N.45M ST FT Pierce, FL34947  Mor Managing Member/Manager  Not Peal Na McPhee 2305 N.45M ST FT Pierce, FL34947  Not Peal Na McPhee 291 Bentereck FT Pierce, FL34947  Not Peal Na McPhee 1140 Chafeau Terr McDandah Ga 38353  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 tiling 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 name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company name satisfies the requirements of section 608.406, F.S. and that all fees owed by the limited liability company name satisfies the requirements of section 608.406, F.S. and that all fees owed by the limited liability company name satisfies the requirements of section 608.406, F.S. and that all fees owed by the limited liability company name satisfies the requirements of section 608.406, F.S. and that all fees owed by the limited liability company name satisfies the requirements of section 608.406, F.S. and that all fees owed by the limited liability company name satisfies the requirements of section 608.406, F.S. and that all fees owed by the limited liability company name satisfies the requirements of section 608.406, F.S. and that all fees owed by the limited liability company name satisfies the requirements of section 608.406, F.S. and that all fees owed by the limited liability company name satisfies the requirements of section 608.406, F.S. and that all fees owed by the limited liability company name satisfies the requirements of section 608.406, F.S. and that all fees owed by the li	Titles Name of Managing Member/Managers  Street Address of Each Managing Member/Manager  NGE assartya Oreen 1604 N. 44th ST Ft Pierce FL34947  NGE Reyling Member/Manager I604 N. 44th ST Ft Pierce FL34947  NGE Reyling McPhee Je 1604 N. 44th ST Ft Pierce FL34947  NGE Willis McPhee 2205 N. 45th ST Ft Pierce FL34947  NGE Regina McPhee 791 Bertereek Ft Pierce FL34947  NGE Halling McPhee 1140 Chafeau Terr McDanbuch Ga, 30353  10014141450620  102/03/103-01006-009 **163.75  11.1 certify that I am managing member/manager or the receiver or trustee empowered to exocute this application as provided for in chapter 608, FS. I further certify that when filling this reinstatument application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, FS. and that all fees owed by the limited fillotthy 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.  Date 1-16-09 Disytime Phone 7723-940-4440	Registered Agent Date Date			
Managing Members/Managers  Managing Members/Manager  Managing Members/	Managing Member/Manager  Managing Member/Manag	10. Names and Street Addresses of Managing Mem	bers/managers		
MGR Nillis McPhee Je 1604 N. 44 <sup>th</sup> ST Ft Plevce FC 34947  MGR Willis McPhee 2005 N. 45 <sup>th</sup> ST Ft Plevce FC 34947  MGR Heal Na McPhee 191 Bentcreek Ft Plevce, FC 34947  Work Anthony McPhee 1140 Chafeau Terr McDanbuch Ga 30353  11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in-Dapter 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 Analysis of the property of the same legal effect as if made under oath.  Date 1-16-09 Disylime Phone# 772-940-4440	MGE Reuhen McPhee Je 1604 N. 44 <sup>th</sup> ST				
MGR Willis McPhee 2005 N. 45 <sup>45</sup> 5T Ft Pierre, FC 34947  MGR Regina McPhee 79 Bentereek Ft Pierre, FC 34947  World Hilling McPhee 1140 Chafeau Terr McDanbuch Ga. 30353  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 filling 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 Down A. Date 1-10-09 Daytime Phone # 773-940-4440	MGE Willis McPhee 2005 N. 45 <sup>45</sup> 5T Ft Plene, FL 34947  Wolf Arthony McPhee 1996 Bentereek Ft Plene, FL 34947  Wolf Arthony McPhee 1990 Chateau Terr McDanbuch Ga. 30353  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 filling 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 owned by the limited flability 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 Day Daytime Phone 772 - 940-9440	MOR Cassantra ar	reen 1604 N.444 ST	Ft Pierce, FL34947	
Mor Regina McPhee 191 Berteveck Ft Plevce, FC 3494- Wor Arthony McPhee 1140 Chafeau Terr McDanbuch Ga, 30353  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 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 flability 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 1-10-09 Daytime Phone # 773-940-4440	Mod Regina McPiee 191 Bentered Ft Pierre, FC 3494- Wolf Hithory McPiee 1140 Chateau Terr McDanbuch Ga, 30353  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 1-10-09 Daytime Phone# 773-940-9440	Mar Keuhen McPhae JR 1604 N. 44th SI Ft Plence, FC 34947			
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	1 December 1	filing this reinstatement application the reason for all fees owed by the limited liability company have as if made under oath.  Signature of	dissolution has been eliminated, the limited liability comp	parry name satisfies the requirements of section 608.406, F.S., and that is true and accurate, and my signature shall have the same legal effect	
Typed or printed name of signing Managing Member/Manager <u>A 55a Mera</u> <u>CFEP</u>			Manager (assandra a		