

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

09 FEB -9 AM 8:30

SECRETARY OF STATE
TALLAHASSEE FLORIDA

000141460620

01/20/09--01027--019 **516.25

CR2E041 (10/08)

655.00

DOCUMENT # L05000025782

1. Limited Liability Company's Name

R & G Family Investments of Fort
Pierre LLC

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

1604 N. 44th ST

Suite, Apt. #, etc.

3. Mailing Office Address

1604 N. 44th ST

Suite, Apt. #, etc.

City & State

Ft Pierre, FL

Zip

34947

Country

USA

City & State

Ft Pierre, FL

Zip

34947

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

3/14/05

6. FEI Number

☒ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

☐ 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.

8. Name and Address of Current Registered Agent

Name CASSANDRA GREEN

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

1604 N. 44th ST

Suite, Apt. #, Etc.

City Ft Pierre

State FL

Zip Code 34947

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

Cassandra Green

REGISTERED AGENT MUST SIGN

Date

1-16-09 06-09

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
MGR	Cassandra Green	1604 N. 44th ST	Ft Pierre, FL 34947
MGR	Reuben McPhee Jr	1604 N. 44th ST	Ft Pierre, FL 34947
MGR	Willis McPhee	2205 N. 45th ST	Ft Pierre, FL 34947
MGR	Regina McPhee	791 Bent Creek	Ft Pierre, FL 34947
MGR	Anthony McPhee	1140 Chateau Terr	McDonough Ga, 30253

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02/09/09--01006--009 **163.75

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

Cassandra Green

Date

1-16-09

Daytime Phone #

772-940-4440

Typed or printed name of signing Managing Member/Manager

Cassandra Green