

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 FEB -7 PM 2:52

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

L05-47791

1. Limited Liability Company's Name

RTM GLOBAL INNOVATIONS LLC

300114195013
01/30/08-01029-002-#261.25
300114195013
01/07/08-01037-011-#155.00

CR2E041 (1/07)

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

3. Mailing Office Address

25547 Hawks Run Lane 25547 Hawks Run Lane
Suite, Apt. #, etc.

City & State

Sorrento, Florida

City & State

Sorrento Florida

Zip Country

32776 LAKE

Zip Country

32776 LAKE

4. State/Country of Formation

Florida Seminole

5. Date Organized or Qualified
To Do Business in Florida

May 6 2005

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

Ray Palmer

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

25547 Hawks Run Lane

Suite, Apt. #, Etc.

City

Sorrento

State

FL

Zip Code

32776

☒ 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.

9/15/06

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

Ray Palmer

REGISTERED AGENT MUST SIGN

Date 1/03/08

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
mrm	Raymond Palmer	25547 Hawks Run Lane	Sorrento Florida 32776

REINSTATEMENT

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

Ray Palmer

Date 1-3-08

Daytime Phone # 407-399-2216

Typed or printed name of signing Managing Member/Manager

Raymond Palmer