L05000086878

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10 JUN -2 PM 3:46

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

BK

200181632772
06/03/10--01002--003 **793.75

CR2E041 (11/09)

DOCUMENT # L05000086878

1. Limited Liability Company's Name
RKS, LLC

06

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
c/o R. Scott Price	c/o R. Scott Price
Suite, Apt. #, etc.: 1370 Creekside Blvd.	Suite, Apt. #, etc.: 1370 Creekside Blvd.
City & State: Naples, Florida	City & State: Naples, Florida
Zip: 34108 Country: USA	Zip: 34108 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 09/01/2005

6. FEI Number: 20-3445059 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED [X] $5.00 additional fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Novatt, Jeff M., Esq.

Street Address (P.O. Box Number is Not Acceptable): c/o Cheffy Passidomo, P.A.

Suite, Apt. #, Etc.: 821 Fifth Avenue South, Suite 201

City: Naples State: FL Zip Code: 34102

☐ 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 06/1/10

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
MGR	Schmieding, Reinhold	1370 Creekside Blvd.	Naples, FL 34108
MGR	Grieff, Kevin	1370 Creekside Blvd.	Naples, FL 34108
MGR	Price, R. Scott	1370 Creekside Blvd.	Naples, FL 34108
	REINSTATEMENT 2006-2010		

11. E-mail Address: jmnovatt@napleslaw.com
(To be used for future annual report notifications)

12. 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 608.408, F.S., and that all fees owed by the limited liability company have been paid. This 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 06/1/10 Daytime Phone # 239-430-7566

Typed or printed name of signing Managing Member/Manager R. Scott Price, Manager