

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**FILED**

2009 JUN -2 PM 12: 27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900156720349  
06/03/09--01006--011 \*\*521.25

CR2E041 (10/08)

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L&6000016457

1. Limited Liability Company's Name

ReadyRC Distributors LLC.

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

354 Cypress Dr. # 8

Suite, Apt. #, etc.

3. Mailing Office Address

354 Cypress Dr # 8

Suite, Apt. #, etc.

City & State

Teguesta, FL

City & State

Teguesta, FL

Zip

33469

Country

USA

Zip

33469

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified  
To Do Business in Florida

2/15/06

6. FEI Number

20-4315615

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

John Greco

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

132 Sweet Bay Circle

Suite, Apt. #, Etc.

City

Jupiter

State

FL

Zip Code

33458

☒ 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

*John Greco*

REGISTERED AGENT MUST SIGN

Date 5/27/09

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	John Greco	132 Sweet Bay Cir Jupiter, FL 33458	Jupiter, FL 33458
MGR	Jennifer Greco	132 Sweet Bay Cir	Jupiter, FL 33458

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

*Jennifer Greco*

Date 5/27/09 Daytime Phone # 861-543-9293

Typed or printed name of signing Managing Member/Manager

Jennifer Greco mgrm